California State Journal of Medicine

ISSUED MONTHLY: OWNED AND PUBLISHED BY THE

MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

Vol. XVII, No. 5 MAY, 1919 $1.00 a Year

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ENTERED AT SAN FRANCISCO, CAL. AS SECOND-CLASS MATTER

California State Journal of Medicine

OWNED AND PUBLISHED MONTHLY BY THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA
BUTLER BUILDING, 135 STOCKTON STREET, SAN FRANCISCO

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VOL. XVII MAY, 1919 No. 5

The following were elected officers of the Medical Society, State of California, at the forty-eighth annual meeting held at Santa Barbara, April, 1919:

President, H. A. L. Ryfkogel, San Francisco; President-elect, J. C. Yates, San Diego; Secretary, S. T. Pope, San Francisco; 1st Vice-President, H. G. Brainerd, Los Angeles; 2d Vice-President, Dudley A. Smith, Oakland; Councilors, 2d District—W. H. Kiger, Los Angeles, 1922; 6th District—C. G. Kenyon, San Francisco, 1922; 8th District—Jas. H. Parkinson, Sacramento, 1922; Councilor-at-Large, O. D. Hamlin, 1922.

At the 109th meeting of the Council, held the morning following the second session of the House of Delegates, Dr. C. G. Kenyon of San Francisco was unanimously made chairman of that body; Dr. John H. Graves of San Francisco was appointed by the Council to fill the unexpired term of H. A. L. Ryfkogel, Councilor-at-Large, 1921, San Francisco, made vacant by his becoming President. Dr. C. Van Zwalenburg of Riverside, in the same way, was appointed to fill the unexpired term of J. C. Yates, Councilor-at-Large, 1920, San Diego, made vacant by his becoming President-elect. Dr. A. C. Reed was duly appointed Editor of the CALIFORNIA STATE JOURNAL OF MEDICINE; Celestine J. Sullivan, Managing Editor.

FROM THE RETIRING PRESIDENT.

At the close of one of the most successful sessions of the Medical Society of the State of California, I want to express my appreciation for the efforts put forth by the rank and file of its members as well as to publicly express my appreciation of the efforts of its officers.

The spirit of co-operation and helpful support was evident throughout the session—no obstructive efforts were noted anywhere. This is a great personal satisfaction and should be a matter of pride to the Society.

The key-note points in the meetings were Co-operation, Business Efficiency, and Publicity. They mark the "new era" upon which we are entering.

The scientific standard was maintained at a very high level and with the several new features developed at the meeting, I feel that the session will stand as a striking mile-stone in the history of the Society.

Thanking you all for courtesies to me personally,

Very sincerely,

C. VAN ZWALENBURG.

FORTY-EIGHTH ANNUAL MEETING.

It is indeed a misfortune that every doctor in the State of California could not have attended the forty-eighth session of the State Medical Society at Santa Barbara, April 15, 16, and 17. Full reports and minutes of the House of Delegates will appear in the June issue of the Journal. Early publication of the papers from this session will be favored by increase in the size of the Journal for the ensuing three months. These papers are the property of the State Medical Society and should be immediately sent to the Journal office. Most of them have been received. Their publication elsewhere is unlawful without permission from the Journal.

With 425 members registered, and an additional 200 guests, relatives and friends, it is no exaggeration to say that this was the most enthusiastic and successful annual meeting ever held in this State. Many things conspired together most happily to aid this good result. The Hotel Belvedere proved a worthy and convenient place of meeting, and the hotel management inspired in every one of its guests a sense of comfort and fellowship which too often are lacking at such conventions. Weather was superb. Social events were plentiful and entertaining. Golf, swimming, riding, all were enjoyed. An exhibition of archery by Drs. Wolf and Pope proved most novel. An evening at the Santa Barbara Athletic Club was more than repaid in fun and worth-while boxing matches.

Those who did not go, certainly missed a rare occasion. Fun and work were intermingled. Har-

monious, constructive action was the key-note, and this note was struck both by the retiring and the incoming presidents. If any word of criticism is possible, it is of the too common practice of electing men as delegates who cannot attend and who do not appreciate the important functions of the House of Delegates. The new sense of united strength and realization of the part medicine is to play in the next decade, were great features.

LEAGUE LUNCHEON.

Probably no other single feature of the State Society meeting at Santa Barbara attracted so much attention beforehand, so large an attendance at the time, and so universally favorable comment as the luncheon given by the League for the Conservation of Public Health on April 16 at the Hotel Belvedere. The Moorish room was crowded to capacity and two hundred persons additional were unable to gain entrance. The luncheon plainly showed that the medical profession is awake to its public health obligations and that it has adopted the League as a medium for wise guidance and education in public health matters.

The key-note of the impression made on the layman was voiced by Hon. P. H. McCarthy, president of the State Building Trades Council of California, who, in an eloquent and ringing address on "Labor's Contribution to Health Conservation," stated that he had felt for years that he knew and thoroughly understood the doctor. This belief was completely shattered by what he heard and saw at the League luncheon. He found that doctors had public spirit, were co-operative, and were banded together in a League for the Conservation of Public Health in every sense of the word. In such a magnificent program, they had the fullest and most sympathetic support from labor. In opening his address, Mr. McCarthy said "On behalf of the mechanics, artisans and laborers affiliated with the State Building Trades Council of California I am particularly glad to be able to extend fraternal greetings to this League for the Conservation of Public Health."

Hon. Wm. A. Beasley, president of the California State Conference of Social Agencies, dwelt on the strategic position of the physician in social welfare work and the good work of the League already accomplished as well as coming. The purposes, and mission of the League were eloquently described by Drs. Graves, James Franklin Smith and Dudley Smith. In a keen and masterly address, Mr. Hartley Peart, general counsel for the League as well as for the State Medical Society, discussed the rights of the people in regard to public health laws. This address should be studied by every physician. Mr. Celestine J. Sullivan, executive secretary of the League, proclaimed the need and usefulness of publicity as the physician's strongest weapon in a campaign for public health. He showed how the right use of this powerful agency is a duty that must not be neglected. The State Medical Society is to be congratulated on having the advantage of Mr. Sullivan's service on the Journal staff, and the officers of the League for the Conservation of Public Health were far-sighted and fortunate in securing him as the League's full-time executive secretary.

It is unnecessary to remind the physicians of California that as they will eventually join the League, they had better do it now and follow the lead of the majority. Its function is of the utmost importance to the medical profession and the public alike. To paraphrase a quotation by Mr. McCarthy at the League luncheon, "A duty deferred, is a duty denied." Join at once.

HOSPITAL IMPROVEMENT AND STANDARDIZATION.

There is no argument among well-trained physicians and surgeons as to the desirability and necessity of improving and standardizing hospital service. Widespread and equally widely recognized abuses have grown with the growth of our present hospital system, and too often seem an integral part of that system. If the hospital as a social institution, is to exist and develop, these abuses must be corrected. That they will be corrected as the medical profession awakes to the situation, goes without saying.

Standardization and improvement of hospitals must be based on and take full cognizance of certain fundamental propositions whose importance and truth are universally admitted. Similar standards are not applicable to commercial, industrial, university, teaching, charitable, private, metropolitan and rural hospitals. Standards that are applicable and efficient must consist of principles of policy which can admit of individual application to the varying needs and functions of different types of hospitals.

All hospitals have three functions which must be served to their fullest capacity if the name hospital is not to become a reproach. First and above all, and including the other two, the hospital must guarantee the best available service of scientific medicine for the patient. The patient's interest must be paramount. Second, the hospital must serve to improve and stimulate the medical profession, to the end that the profession may render still better service to the patient. Third, the hospital must utilize its strategic opportunity, which here is an obligation, as a health educational center, which again is decidedly for the interest of every patient, actual and presumptive.

Insofar as any hospital falls short of measuring up to these three standards, so far as in it lies, just so far does it need improvement and standardization. Any hospital which does not incorporate these three standards in its avowed and actual policy, cannot cease to exist too quickly for the benefit of the public and the medical profession.

Of course there are certain details, varying with the hospital, which are necessary in order to realize these aims. Proper equipment, case records, efficient staff organization, etc., are requisite. It must be remembered that there is a place and a definite function for the small hospital, both rural and urban. Just as the medical profession finds its common center of education, improvement, professional comradeship and service, and

business association in the metropolitan hospital, so must the rural and small town hospital be developed as the rallying point and headquarters of the medical profession in its organized attack on disease, and its co-operative campaign for public health.

The present nation-wide movement among a number of medical and hospital organizations, for hospital improvement and standardization is to be commended. The time is ripe and conditions require re-organization and development along these lines. The internist is just as vitally concerned as the surgeon in all that makes for the development and perfecting of the hospital. Every specialist has a similar interest and desire. All social and charitable agencies are concerned, inasmuch as their entire program centers in the work of the medical profession. Industry is concerned inasmuch as better health has a definite and clearly recognized relationship to business and production. Preventable disease today increases the cost of industrial production by one fifth. The Red Cross is interested as its work, too, swings on the pivot of the medical profession. The Government itself is vitally concerned since, as the draft examinations so forcibly demonstrated, the citizenry of the nation is jeopardized by preventable disease and defect, and only the principles of modern scientific medicine can avoid disaster.

In all of these various lines, the medical profession is the essential and fundamental factor, the pivot on which the whole structure swings. The bulwark and power-house of the medical profession is the hospital. Since the medical profession alone is devoted solely by training and intention to health matters, and since the hospital is peculiarly the offspring and creature of the medical profession, it follows that the physician is most competent to say what the hospital ideal should be and how the hospital should reach its ideal.

Here appears the singularly fortunate relation of the California profession to the League for the Conservation of Public Health, which is eminently suited to act as clearing house for the development of a strong correct policy of hospital improvement in this State. Through the hospital section of the League, the medical profession can correlate and study full data on the situation and wisely recommend improvements based on experience of all interests involved.

One striking lesson of the present recognition of certain hospital abuses, is a short-sighted tendency on the part of some enthusiasts arbitrarily to limit the hospital staff on the basis of professional qualifications of doctors. At first glance it seems self-evident that the poorly trained and incompetent doctor should be excluded from standard hospitals. But is this the best solution of the problem?

It is agreed that the paramount article in hospital policy must be service to the patient, and providing for the patient the best that scientific medicine can offer. If it is true that not over 15 per cent. of sickness is treated in hospitals, it is equally true that 85 per cent. or more of the sick are treated in their homes. Will the average patient of an incompetent doctor receive better treatment by that doctor in the patient's home, with no conveniences, no scientific and often no sanitary equipment, and no possibility of review of the patient's condition by any other doctor, or will he receive better attention by the same doctor in a good hospital, where the patient sees more or less of what other patients are receiving, where he absorbs more or less of the hospital atmosphere of sanitation and scientific medicine, and where the doctor is brought into more or less intimate association with high-class physicians? We are not speaking of the unethical doctor, or the illegal or crooked practitioner, but of the honest but incompetent doctor. In which case will such a patient's best interests be served? And is not the hospital above all things charged with serving the patient's best interest?

Does not such a view of the situation strikingly illustrate the fallacy of trying to save at the spigot while we waste at the bung-hole? Why should there be incompetent practitioners? Why should not the public be protected by laws sufficiently strict. and by laws administered with sufficient strictness, to prevent the licensing of incompetent practitioners? *That* is the crux of the whole situation and *there* is where the real remedy must be applied. Let us have such standards for medical education and licensure as will eliminate the poorly trained and incompetent doctor.

The medical profession is getting together for the improvement and standardization of hospitals on broad scientific and social lines. Arbitrary and inelastic standards must be avoided. Principles of hospital policy as exemplified in practice, must be the standards set. The usefulness and opportunity of the hospital is only now beginning to be appreciated. The entire medical profession must concern itself with maintenance of hospital ideals.

WAR LESSONS IN PUBLIC HEALTH.

The press, both medical and popular, has duly emphasized the great impetus resulting from the war in matters pertaining to public health. It is unnecessary to recount the various practical illustrations of what doctors and public alike have learned from the war in this field. The pivotal position of the medical profession has been abundantly evident in the military service, both army and navy, not only in cure of disease and injury, but to a vastly greater extent in the prevention of disease, and the making possible of campaigns otherwise impossible. The medical service has shared with a few other services the honor and responsibility of being absolutely basic and essential for the winning of the war.

Similar lessons applicable to the function of the doctor in public life can be drawn from the war with reference to the key position of the doctor in industrial medicine, in social service, in insurance and numerous other branches of civic progress. The development of public health is one of his special functions and a function of vital necessity for the state and for civilized society. This is clearly recognized by the world's leaders

and constructive statesmen. It is strikingly shown in an extract from a speech by Premier Lloyd George delivered at Manchester, England, September 12, 1918.[1] This was spoken just two months before the armistice: "We have done great things in this war. We would have accomplished greater if this country had been in condition; and a war, like sickness, lays bare the weakness of a constitution. What has been our weakness? Let us talk quite frankly. We have had a Ministry of National Service, and carefully compiled statistics of the health of the people between the ages of 42 and 18. . . . All I can tell you is that the results of those examinations are startling and I do not mind using the word appalling. I hardly dare tell you the results. . . . I asked the Minister of National Service how many more men we could have put into the fighting ranks if the health of the country had been properly looked after. I staggered at the reply. It was a considered reply and it was, *'at least a million.'* "

Think of that answer and then think of the results of our own draft where approximately one-third of those examined were disqualified on physical grounds. Here is where the doctor has a great purpose to serve and needs the co-operation and backing of every thinking citizen.

WOMEN IN INDUSTRY.

The Department of Labor, through its Women in Industry Service, has formulated certain principles and standards governing employment of women in industry which are strongly recommended for general observance. Women have an industrial position which is weaker economically than that of men. They are more subject to exploitation. They require special safeguards, in order to conserve alike their industrial efficiency, their health, and the general interests of society.

During the war, all Federal contracts contained a clause requiring full compliance with State labor laws. This supplies an excellent precedent for co-operation between Federal and State governments in developing proper standards for women's work. In reconstruction, both civil and military, protection of health of women workers is vital as an economic as well as a social measure.

The standards recommended provide for a maximum of 8 hours per day and 48 hours per week. A Saturday half-holiday is urged. Adequate time for meals, and a 10-minute rest period in the middle of each working period are included. No woman should be employed between 10 p. m. and 6 a. m. For the same work as men, women should receive the same wages. Wage rates should be based on occupation, not on sex. Minimum wage should make allowance for expense of dependents, and not for individual support alone.

Sanitary requirements include washing facilities with hot and cold water and individual towels, sanitary toilets, dressing rooms, clean work rooms, proper light and ventilation, sufficient cool drinking water, and provision for hot lunches outside the work rooms. Scrupulous care should be exercised to control or eliminate industrial hazards pertaining to each occupation. Uniforms for women are recommended. No home work is to be given out.

These are matters of importance. The number of women gainfully employed in industry is fast increasing. The impetus given by the war will far outlast the war. So serious is the effect on women's health of long hours of employment, that the U. S. Supreme Court has adjudged it constitutional to use the police power of the State in limiting women's working hours as a necessary public health measure. In California constant attention is necessary especially in the fruit and canning industries.

1 Keith, Journal State Medicine, February, 1919.

VOLUNTEER MEDICAL SERVICE CORPS.

Characterizing the work of the Volunteer Medical Service Corps and the Medical Section of the Council of National Defense as "a very striking demonstration of the American spirit," Dr. Edward P. Davis, president of the Corps, paid tribute to the patriotism of American civilian doctors at the final meeting of the Central Governing Board of the Corps held in Washington, March 14th, prior to the termination of its wartime activities April 1.

A report submitted at the meeting showed that nearly 70,000 applications have been received from physicians for membership in the Corps, of which 56,540 had been received and coded prior to the signing of the armistice, November 11, 1918. Qualifications of these civilian doctors, classified and coded on cards, will be placed in the library of the Surgeon General of the Army, where they will be accessible to all governmental departments for all time to come. With the approximately 40,000 medical officers additional, who are in the Army, Navy and Public Health Service, practically all the able-bodied, eligible doctors of the country will be listed, available for the nation's needs. Usually there are said to be about 150,000 physicians in the United States, but this total includes a large proportion of superannuated, disabled or ineligible.

To about 13,000 doctors whose applications for membership in the Volunteer Medical Service Corps had been received before the armistice was signed but which had not been acted upon by their State committees, now dissolved, Dr. Lewis is sending the following letter:

"With the cessation of hostilities subsequent to the signing of the armistice, the Council of National Defense, under which the Volunteer Medical Service Corps was organized, asked that the activities of that Corps be terminated, and Surgeon General Ireland of the Army requested that the valuable records of the Corps be given place in the Library of the Surgeon General where they will be maintained permanently for reference by the various Government bureaus.

"Your application for membership in this Corps, we regret to say, was not acted upon by your State and County Committees before those Committees were automatically released and, therefore, we are unable to complete your membership

by furnishing you with the visible evidences of your tender of service, viz., the insignia and certificate of the Corps. We wish you to know, however, that your patriotic offer of service to your Government has been received and your qualifications as outlined on the Volunteer Medical Service Corps application blank have been transferred to permanent code cards which are to be preserved as an important record of the war."

DIPHTHERIA CONTROL.

The importance of preventive medicine is receiving just appreciation in all departments of medicine. Nowhere is this better exemplified than in the case of diphtheria. Here is a disease with a fearful mortality and serious sequelae, which is largely curable when properly treated, and entirely preventable by proper methods. In New York City since the introduction of antitoxin, the diphtheria death rate has fallen from 130 to 20 per 100,000 population and the incidence has fallen 30 per cent. The incidence and death rate was highest in children of pre-school age.

Certain definite and well-supported measures are recommended by Dr. Wm. H. Park of the New York Department of Health. Especially in institutions, children should receive the Schick test for diphtheria susceptibility. Park found susceptibility by ages to be as follows:

Under 3	months	15 per cent. susceptible
3— 6	"	30 " " "
6—12	"	60 " " "
1— 2	years	70 " " "
2— 3	"	60 " " "
3— 5	"	40 " " "
5—10	"	30 " " "
10—20	"	20 " " "
Over 20	"	15 " " "

Those who are found susceptible by the Schick reaction should then be immunized by hypodermic administration of a toxin—antitoxin mixture, which is as effective as typhoid vaccine against typhoid fever. This injection is harmless, even in infants. One injection immunizes 80 per cent. of susceptibles. Two injections immunize 90 per cent. and three injections immunize 97 per cent. Immunity lasts at least for three years.

These methods are applicable in schools and ought to become a valuable part of the campaign against diphtheria. Prevention is cheaper and more scientific than cure. When prevention fails, in the case of diphtheria, antitoxin should be used early and in large doses. Usually a hypodermic administration of 0.3 cc is safest, and if no reaction ensues, follow in one hour with the total amount. An adult should receive 20,000 units. If the preliminary dose causes reaction, a series of doses at one hour intervals, graded according to severity of reaction, are necessary to detoxify.

It is impracticable to diagnose diphtheria carriers on a large scale by culture. Identification of susceptibles by the Schick reaction and their immunization by a partially neutralized diphtheria toxin is the best procedure.

EDITORIAL COMMENT.

Do not preach vaccination against typhoid until you and your own family have been vaccinated.

No industry, trade, profession, or society is more democratic than science. She offers equal opportunity to all her followers, regardless of race, creed or finances. She rewards all strictly according to their deserts. Her one requirement is honest and result-getting effort.

It is a paying proposition for any newspaper to conduct a Health Department, edited by someone who guarantees scientific accuracy and authority. It pays in interest to readers and in furtherance of public health, certainly not the least of a newspaper's functions. Moreover, a newspaper cannot consistently run a snappy, scientific, practical Health Department and carry ads of quack doctors and quack medicines.

It is authoritatively stated that diphtheria, tonsillitis, common colds, influenza, scarlatina, and possibly tuberculosis, may be spread by the common drinking cup. The unsanitary privy, the roller towel, the unclean well, and the common drinking cup are four stalwart reasons why rural health is not so good as urban health. The common drinking cup is prohibited by California law and ought to be abolished by common consent.

Philip King Brown describes the peculiar plan and function of the Arequipa Sanatorium for wage-earning women and the results thus far attained.[2] Impressed by the fact that tuberculosis is quite as much a social problem as a medical one, the Arequipa Sanatorium planned so as to put great emphasis on all that pertained to the lives of its members and not merely on the tuberculosis. Three organizations are centered in the Sanatorium: one that takes up the problems of the applicants and begins the work with them before admission to the sanatorium; the sanatorium proper; and a committee that follows the women who need a change of job or work for the first time and that follows them year in and year out after they leave. Unusual endeavors are directed to the patient's mental state that this may be as comfortable as the physical well-being. The net result of the work is that 68 per cent. of first stage cases have been back at work from one to five years; and 41 per cent. of second stage cases as well.

According to the Bulletin of the Los Angeles Health Department, the maternity service maintained by that department is the only such one maintained by any health department in the United States. In 1917, 369 cases were delivered, 2500 ante-partum house calls were made, and 2700 post-partum calls; 2128 visits were made to the dispensaries by women and 445 by children. Not one mother has been lost since inauguration of the service.

[2] American Review of Tuberculosis, February, 1919.

Special Article

LETHARGIC ENCEPHALITIS.*

From U. S. Public Health Reports, February 21, 1919.

The following data are abstracted from a review of the Government report, published in a recent number of the British Medical Journal, to which acknowledgments are hereby extended.

"The disease is an acute affection due to a specific virus, which, like that of acute anterior poliomyelitis, probably finds entrance through the nasopharynx, and which, like it, has a special affinity for the nervous system, though for different areas and elements.

"Pathologically, lethargic encephalitis belongs to the class of polio-encephalitic diseases which are inflammatory in nature. Bacteriological investigations did not yield any positive results.

"Clinically the disease is a general infectious disease characterized by manifestations originating in the central nervous system, of which the most frequent and characteristic are progressive lethargy or stupor and lesion in or about the nuclei of the third pair of cranial nerves. Although a rise in temperature was not observed in all the 164 cases of the disease of which notes were obtained, there seems to be little doubt that there is always a certain amount of fever in an early stage, although occasionally it may not be observed for several days after the onset of symptoms. The common range is between 101° F. and 102° F., but temperatures up to 104° F. are not very uncommon, and in a few cases a temperature between 104° F. and 105° F. has been reached. The pyrexia usually lasts from 2 to 5 days, but may continue for 10 or even 14. It may fall suddenly or gradually with oscillations. A period of subnormal temperature not infrequently follows.

"In the majority of cases a prodromal period may be recognized, but it is not very well defined, the symptoms being the early stage of those of the developed disease. Usually the first symptom is simple catarrhal conjunctivitis and in a smaller number of cases tonsillitis, simple sore throat, and bronchial catarrhs were observed, but the salient symptom observed in 80 per cent. of the cases at this stage was progressive lethargy. It might be ushered in suddenly by a fainting attack or fit, but the onset was more often gradual. The patient became dazed or stupid, slept a great deal, and was drowsy by day. In marked cases the lethargy was accompanied by heaviness of the eyelids, pain in the eyes, blurred vision, and photophobia, and, in a well-marked case, gradually passed into stupor. Headeache was common, and giddiness was a highly characteristic early symptom, and in some cases was accompanied by diplopia. Mental hebetude was often associated with a highly emotional state, and the patient might exhibit, without apparent cause, symptoms which might be labeled hysterical. In other instances the mental depression was so great that melancholia was suspected. In a few cases only was the patient restless and irritable. The patient may be indisposed to speak, sometimes has distinct difficulty in articulation. The most frequent and characteristic signs in the prodromal period may be summed up as lethargy, asthenia, vertigo, headache, diplopia, and some alteration in the mental state.

"After this prodromal period, if it occurs, the symptoms of a general infectious disease become manifest; the febrile reaction has already been mentioned. The patient lies in bed on the back, often unable to make any voluntary movement on account of great muscular weakness; the face is quite expressionless and masklike, and there may be a definite double facial paralysis. The severest cases lie like a log in bed, resembling a waxen image in the lack of expression and mobility, and this may be accompanied by catalepsy. The patient is in a condition of stupor, although true sleep is often not obtained. Delirium, usually nocturnal, is not uncommon, and in addition to the muscular trouble there is distinct rigidity in a considerable proportion of cases. The voice becomes nasal and monotonous, sentences are uttered very slowly and words slurred into one another. Occasionally, however, once started to speak, the patient chatters sentences with so great rapidity that he is often unintelligible. Irregular nonrhythmic spontaneous movements of the face, trunk, and limbs, resembling those seen in chorea or thalamic infections, are not infrequent. Cases occur which present the general symptoms of the disease—pyrexia, lethargy, asthenia—without localizing signs, and as a rule can only be diagnosed from the general surrounding circumstances. The commonest localizing sign is ophthalmoplegia, recognized in 75 per cent. of the cases examined. Ptosis is the commonest form of third nerve paralysis and is usually at some stage bilateral. Finally, paralysis is usually bilateral, or becomes so, but is almost invariably more intense on one side than the other. . . . . .

"*Diagnosis.*—The most common error in diagnosis is to attribute the condition to tuberculous meningitis; in many cases a differential diagnosis from cerebrospinal meningitis can not be made without an examination of the cerebrospinal fluid, which is little, if at all, altered in the majority of cases of lethargic encephalitis.

"Some of the other difficulties encountered have already been mentioned, but the essential difficulty is to separate lethargic encephalitis from the rare cases of the cerebral form of infantile paralysis. The resemblance is very close, and it seems probable that some of the cases reported in the past as cerebrospinal poliomyelitis may have been examples of the disease now newly recognized in this country (England). Dr. McNalty has arranged the chief criteria for diagnosis in a table which is too long and detailed for reproduction here. The main points to be noted seem to be that, though the chief symptoms of lethargic encephalitis have been described in cases reported as cerebral poliomyelitis, they are slight, of much briefer duration and not so constant; lethargic encephalitis, on the other hand, has a very definite clinical

* Lethargic Encephalitis, "Sleeping sickness," has been declared a reportable disease in California. Reports of all cases that may be suspicious of this disease should be made promptly to the State Board of Health, together with all available data relative to symptoms, date of onset and all clinical data.

syndrome, characterized by progressive stupor or coma, alternating delirium, headache, giddiness, asthenia, mental and emotional changes, and in the majority of cases, by paralysis of the third pair of cranial nerves. Paralysis, when present in lethargic encephalitis, is usually bilateral and restricted to cranial nerves, but has commonly cleared completely or is less in degree two months after recovery. In these respects it presents a marked contrast to acute poliomyelitis.

"There are clinical indications that in the present outbreak both poliomyelitis and lethargic encephalitis have occurred, but not in association with each other.

"Dr. McNalty considers that the question of the identity or non-identity of the two diseases is still open, but suggests that the relation between them may perhaps be comparable to that known to exist between typhoid and paratyphoid fever."

Original Articles

RED CROSS WELFARE WORK IN PARIS, FRANCE.*

By TITIAN COFFEY, M. D., Los Angeles.

Mr. President, Ladies and Gentlemen:

Dr. Shoemaker asked me a day or two ago at the hospital to say a few words in regard to conditions in France, and I find he has given me considerable latitude under my heading, for which I am very thankful. So much is being done in so many fields that it is impossible to cover the ground adequately; only history and time can tell all that has been accomplished and at present we can only take a birdseye view, at it were, sighted from personal experience.

The amazing growth of the A.R.C., its wonderful organization in Paris and the things that have been done through it, is one of the wonders of the world. From an organization of a handful of workers with about $100,000 capital to increase in less than a year's time to a corporation of 5000 in July of last year, and a capitalization of nearly two million, gives a faint idea of its phenomenal expansion and increasing importance. When the armistice was signed in November we had a personnel of over 7000 and more on the way from America.

Fortunately the A.R.C. was on the ground before even the troops went abroad, and having on hand a considerable amount of supplies and knowing the market, were of unestimable aid in furnishing supplies of every sort and description to our men, and believe me, they were needed.

The guiding thought throughout all the A.R.C. activities was *the Army first,* personnel, supplies, money, everything. All else was of secondary importance. The idea carried in mind by every representative of the organization was that we were the responsible trustees of the huge sum of money donated by the great, generous American public and the dominant thought was that the money should be spent individually as the American people would wish if they were on the ground superintending the work.

The medical work for the refugee and civilian population of France was divided into three departments:

Tuberculosis under Dr. Livingstone Ferrand, of the Rockefeller Institute;

Child Welfare under Dr. W. P. Lucas of San Francisco, and the Refugee work first started by Dr. Richard Cabot of Boston. After inaugurating the work with Major Folk and Dr. Devine, Dr. Cabot returned to the Army and the department was carried on variously until Dr. Knox of Baltimore took charge for six months and I had the honor to follow him.

Our activities dealt with the refugee and civilian population, the military end being under the Bureau of Hospitals and Supplies. To facilitate the work throughout France a delegate was sent into nearly every department as the representative of the A.R.C. These departmental men and women immediately associated themselves with the various French activities and through prefects and local organizations established warehouses, organized work or relief measures for the reception of the refugees, bureaus to give the women work, bureaus for the distribution of food and clothing and suitable housing accommodations.

The tale cannot be told in words or written by pen of the amount of solace and comfort given by the Red Cross to the unfortunate refugee.

France, as you know, is an essentially home-loving nation. Her people live close to the soil and love of country is a veritable passion with them. This is the first and utmost consideration with them and all else is secondary. So it is easy under the circumstances, to realize the sorrow and distress there was wrought upon the inhabitants of Northern France when they were driven like sheep before the invader, homes gone, loved ones killed or lost, family ties completely disrupted and household goods transported by hand. It is a wonder, knowing what they have gone through, that they have not gone insane with grief. Governmental jurisdiction over the distribution of the refugees was impossible at all times to be what might be desired on account of the general chaotic conditions. Many places reached the point of saturation, being overwhelmed by the number of refugees thrown on their resources. It was necessary for the A.R.C. to adequately house, feed and clothe these people beside giving medical attention to the sick and to find work for the able-bodied. With exposure to the elements, lack of nourishment, great mental stress and over-crowded conditions there was of course a great increase in ill health with rapid development of tuberculosis and epidemics of influenza, pneumonia, and gastro-intestinal disturbances.

France, with all its romance and picturesqueness, pays little attention to what we consider essential from a sanitary standpoint. Screens are a rarity and there is a woeful lack of plumbing throughout France. Sewerage and filth clutter up the streets. Flies are a pest and during the warm weather it is almost impossible to eat one's food on account

*Read before Los Angeles County Medical Society, January, 1919. See L. A. County News, this Journal, February, 1919.

of swarms of flies. Naturally these unsanitary conditions in over-crowded places lead to increased disease, and all France is suffering from it.

From a medical standpoint it was necessary for the A.R.C. to establish dispensaries with competent doctors and nurses in charge to care for the refugee population, for in many districts there was no medical attention at all, and in others, civilian physicians were so overworked it was impossible to attend to all. In hospital cases we tried, if possible, to use the general French hospitals in large centers, but in many instances these were militarized and were so full they could not accept the indigent sick. Therefore it was necessary at certain points to establish A.R.C. hospitals for their care. Several of these were situated in the large cities and others were scattered throughout France in districts where hospital facilities were absolutely needed. We maintained also a large dispensary in Paris from which social service educational work was carried on with the training of young women and our clinic usually ran from 800 to 1000 cases each week.

Aside from the actual suffering and disruption accompanying war conditions the saddest thing to me was the appearance of the children. The little ones showed the effect of undernourishment and are about four years behind on growth. This is especially true of the refugee children. It is an unusual thing throughout France to see strong robust children such as one sees in America. They suffer from lack of starch, fats, sugar and milk. Asking a child his age and expecting an answer 5, 6 or 7, the little one usually replies that he or she is 9, 10, or 12 years old. All are anaemic, little faces pinched and drawn and they are very pitiful to behold. Practically all children of the the poorer classes, and many adults for that matter, suffer from worms and thousands were treated without satisfactory results on account of the impossibility of keeping the children from reinfecting themselves caused by playing in filth and not having proper toilet facilities.

The condition of the refugees in many cases was very pitiful. The century-old buildings used in France, together with lack of sanitary conveniences, do not lend themselves to overcrowding or housing shifts of population. The idea of the A.R.C. in handling the refugee situation was to maintain as closely as possible the integrity of home life and great care was exercised to keep the family unit together. Wherever possible we tried to maintain home life, and only in an emergency where nothing else availed did we resort to use of the army barracks. These were very dreadful places, for from 60 to 100 individuals were often packed into one shed with absolutely no privacy at all. Boys and girls, men and women lived promiscuously together. Of course such crowded conditions tend to lower the moral tone and we avoided as much as possible having to depend upon the barracks for any continued length of stay. For financial aid the French Government allowed two francs to the mothers daily and one and one-half francs to each child, so families would have some little source of income. That made it possible for the refugee to secure lodgings and buy food. The Red Cross also established ouvres or workrooms where employment was given women for which they were paid. They made mattresses, remodeled clothing, salvaged socks and clothing of the soldiers and redeemed much for future use. This latter was a great saving to the army and developed at some points into a very active industry.

A vast amount of dental work is necessary in France. Parents do not teach their children oral hygiene as they fear brushing the teeth will remove the enamel, and it is not an uncommon occurrence to see young men and women of twenty years of age with a mouthful of decayed fangs. On the other hand a Paris dentist told me that the adults' teeth are in better condition than many Americans. He explains this by the fact the French are not in the habit of taking very hot and very cold food in the mouth at the same meal, and thus subject the teeth to violent changes of temperature.

The obstetrical situation in France is one of great interest. Ever since the war of 1870 the birth rate of France has been decreasing and since 1914 the decrease has been almost appalling. At the same time the infant mortality rate has raised to an alarming extent and the situation at present is very grave. Abortions play a large part in this ghastly situation and have been estimated in 1917 as about 50,000 in the department of the Seine alone, and it was further estimated that abortions reached the shocking figure of 500,000 annually. Some authorities believed during the course of the war that work in the munition factories accounted for a considerable number. This has been proven not true, although these women are frequently subject to poisoning from their work. The Government gives them an allocation and requires that they be released from work a month before the expected date of confinement and do not return to work for four to six weeks following. Malnutrition, together with the absence of the men at the front and loss of many lives, accounts to a certain extent for the decreased number of pregnancies. On the other hand the number of illegitimate pregnancies has materially increased. Thierbiege believes the true cause for abortions and the diminished birth rate is the prevalence of syphilis, and its increase since the war. He estimates between five and six thousand cases appear in the army every month and gives a total approximating 300,000 cases for the first three years of the war. There is no question but the venereal problem at least equals and perhaps surpasses the tuberculosis problem. Another fact that has bearing upon the decreased birth rate is the French habit of basing marriage upon purely a financial basis. Every young woman upon marriage must be provided with a dot and this plays an important part in the necessity of having only a small family. The young women marry early and families blessed with three or four daughters are frequently in a sad predicament when it comes to marrying them off.

Very interesting is the method of caring for the illegitimate children. Up to seven months of age these infants may be left at various approved

institutions where they become charges of the Government, and few or no questions are asked concerning the parents. Should the mother wish to abandon the child after it is seven months old, an effort is made to have her keep the child, for, having maintained it through this period, it should be a matter of comparative ease to continue its care.

These infants are immediately put out to a wet nurse who is paid a small amount each month by the Government for their support. When they become 13 years of age, if a boy, he is farmed out to a peasant and learns agriculture. At 20 his education is completed by going into the army for three years. Upon returning to civil life he usually continues what he was originally taught. Girls are placed in institutions where they receive religious training and usually one simple task, which may be to work a buttonhole beautifully, embroider a wonderful rose or make pieces of fine lace. She is taught nothing of household economy, nothing about the use of money and nothing of the ways of the world. At 20 years of age she is provided with a dot of 500 francs by the Government, which is supposed to start her in life. During the institutional life when warm weather comes she is provided with suitable garments and in winter with heavier ones, but she knows nothing of the purchase or nothing in regard to the making of them. If she goes to a large city and is fortunate enough to obtain employment in the one particular line in which she is skilled all may be well, but usually the inevitable outcome is the result. If they have brains and beauty they join the ranks of the demimondaine and if they are unsuccessful they drift back to the institution which originally cared for them, become drudges, burdens to themselves, the institution and the state, absolutely unproductive from the standpoint of future repopulation of the nation.

The medical profession seem thoroughly alive to the gravity of the situation, but on account of politics and somewhat different views of life and morality which France holds in contradistinction to our views, little or nothing is being done to remedy the situation. The only possible way the country can be repopulated and nationally become once more strong and vigorous is by a national educational propaganda instilling into the mothers the necessity of child-bearing and making it possible to support these children if the family cannot do so and to carry on an active and vigorous campaign for the conservation of child life, together with the hygienic and sanitary improvements and necessary education. Little or nothing will ever be done locally and only a national movement involving great labor, time and money will be of any avail.

We must all admit they are a wonderful people and have carried the brunt of this horrible war in a manner to amaze the world. We are much further advanced along many lines than they and there is no doubt our presence will have a most stimulating effect upon their future.

ENDOCRINE GLANDS AND THEIR RELATION TO VASO MOTOR DISTURBANCES OF THE AIR PASSAGES, HAY FEVER AND ASTHMA, WITH THE PAST YEAR'S REPORT.

(Continued from April issue.)

By GRANT SELFRIDGE, M. D., San Francisco, Cal.

FURTHER OBSERVATIONS.

Among the 26 cases of vaso-motor rhinitis 14 were found with signs of slight endocrine gland insufficiencies. No study was made of the remaining cases to determine the possibility of gland insufficiency. Several have had the focal infections removed, with the idea that the irritation (vagatonia) might be caused by the infection. Some of these have been relieved by the operative procedures, but here too, the period has not been long enough to be certain of the result.

HAY FEVER CASES.

Cases tested during the year, 41. Cases treated during the year, 29. Of the 41 cases seen 21 began treatment after the beginning of the hay fever season. Fourteen had no attacks at all after the first injection; seven had one to three attacks during the season; eight commenced treatment 3 to 5 weeks prior to the hay fever season; of these seven were entirely free of attacks. One had several attacks. Thirteen cases received no treatment.

During the past year, we have at various times used 125 pollens for testing purposes and the following have been positive:

Johnson grass	4 times	Cottonwood	1 times
Orchard grass	4 "	Poverty-weed	4 "
Broncho grass	15 "	Cal. goldenrod	1 "
Canary grass	14 "	Spikeweed	1 "
Salt grass	12 "	Bull thistle	1 "
Wheat	10 "	Curley-dock	2 "
Kentucky blue	11 "	Old man calif.	4 "
Sudan grass	1 "	Marguerite or field daisy	1 "
Wild oats	15 "	English plantain (ribwort)	8 "
Sitanion	5 "	Mugwort	8 "
Yarrow	2 "	Nev. mugwort	4 "
Tumbleweed	4 "	West. ragweed	7 "
Pigweed	1 "	Giant ragweed	3 "
Sage brush	6 "	Cocklebur	3 "
Giant rye	3 "	Sneezeweed	2 "
Slender rye	3 "	Dandelion	1 "
Red top	3 "	Red orache	4 "
Timothy	2 "	Teleg. plant	1 "
Alfalfa	1 "		
Cal. walnut	6 "		
Valley oak	2 "		

The grasses mentioned above belong to 6 tribes, of the others except the trees, four belong to the ragweed tribe, two to the aster tribe, one to the sneezeweed tribe, three to the chenopod family, one to the tarweed tribe, two to the sage brush and one to the polygonaceae (dock) tribe.

It will be seen that the spring type predominates, the explanation being that the cases so reacting live in San Francisco or in the nearby Bay counties. Unquestionably there are reasonably large numbers living in the southern part of the San Joaquin valley, who are sensitive principally to the summer and fall flora. This, judging from testing residents of Nevada last year and from correspondence directed to Utah, Colorado and Idaho is the rule in the States mentioned and should prevail in the dry valleys of our State owing to similarity of the air borne pollens.

Footnote—Cut No. 1 in April issue should be Cut No. 12; Cut No. 2 in April issue should be Cut No. 1; Cut No. 3 should have been put in April issue under Vaso Motor Rhinitis, case reported A. J.

It has been interesting to note that red top has occurred only three times and timothy twice, and in these cases both grasses have been known to thrive in the locality of the patient's residence.

In a fair number of the cases timothy has been tried and also grasses known to be in the patient's locality, while no reactions occurred from foreign ones. This also has proven to be the case with the chenopods, ambrosias and artemisias. Quite naturally, from such results, I feel that I must differ from Dr. Goodale and other investigators in the Eastern States and particularly the drug houses engaged in the exploiting of certain pollen vaccines, "that reaction from timothy for instance will give reaction to all grasses." It is no doubt true that all grasses of a single tribe will react more or less to other grasses of that particular tribe but it is untenable to assert that all tribes are similar.

In this contention I am upheld by Professor H. M. Hall, the head of the Department of Botany, University of California, who has so ably aided and advised me in my various investigations of the subject.

As to the method of testing, I have adhered to the method of skin tests advocated by Dr. Goodale, i.e. making a series of short cuts on the forearm 1-8 in. long and from 1 to 1½ in. apart, using alcoholic solutions. I am unable to see the advantage of the ocular tests, nor the interdermic injections with a fine needle, as advocated by Dr. Robt. A. Cooke. Cooke's method no doubt might occasionally develop reactions not found by the open cut method, but it is a time-consuming method and not adapted at all to the problems in the Western States, where the flora occurs in numbers so much greater than in Eastern States.

Of the hay fever cases, seen during the year only four cases of definite gland deficiencies were worked out.

In all cases, however, low blood pressure, from 100 to 115 was found, besides, subnormal temperature and pulse and a general complaint of more or less asthenia. This is suggestive to say the least.

I should like to report the following cases from those seen during the year because of the varied and interesting features shown.

Mr. L. from Pocatello, Idaho, consulted me in April, 1918. History as follows: Mother has had hay fever and asthma badly. He has had hay fever for seven years accompanied by severe frontal headaches. Attacks begin about April 1st and last until almost December 1st. Is subject to many colds and infection. Has had tonsils and appendix removed; teeth O. K. Plates show involvement of R. frontal and antrum. Irrigation of antrum through normal opening shows pus. He was tested with 19 pollens, 4 of which were positive (grasses, giant rye, red top, sudan, salt grass). He was negative to animal hair, feathers, and 40 foods. Frontal sinus and antrum opened and drained. Eight weeks after pus in incision of frontal due to unabsorbed chromic gut. Given pollen solutions at irregular intervals. Was referred to Major Moffitt for further examination. Moffitt's diagnosis pituitary and thyroid insufficiency. Moffit finds him "with rather erratic nervous temperament, apt to have times when he can do little and feels tired out and then spells when he can work intensely. Has periods of depression without cause, coming quickly and ending quickly, lasting two or three days ever since childhood. Sometimes a little tendency to fortification spectrum but with these no scotoma." He complains of a good deal of frontal headaches.

His frontal and other sinus troubles have been cleared up and the continuation of his queer headaches must be looked upon as due to circulatory disturbances, depending on the glandular insufficiencies.

It will be interesting to see if continuation of his ductless gland therapy without any further attempt to use pollen solution prior to the hay fever season of 1919 will stop his hay fever seizures. Should he have attacks of hay fever, the pollen solutions will be immediately resumed.

COMMENTS.

Referring back to the rather long list of pollens to which our group of cases were sensitive, and comparing it to that of various drug houses engaged in exploiting "hay fever" vaccines throughout the entire country, we are immediately struck with the dissimilarity in the botany of the *East* and *West*.

It is not commercially attractive for these drug houses with the possible exception of *one*, to put out solutions of value in the Western States, and it is therefore self-evident, if any physician really desires to benefit his hay fever patient he must pay attention to the botany of the patient's district and not shoot "stuff" haphazard into people, knowing, if he will only think, that it can do little if any good.

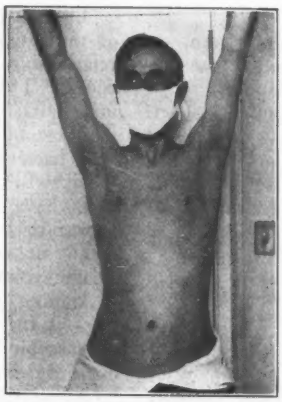
CONCLUSIONS.

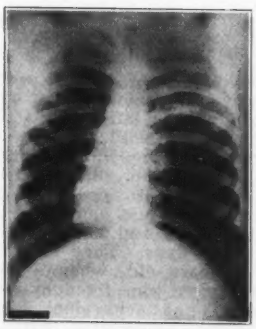
That the use of pollen solutions chosen from the list of the botany growing in the patient's locality and after careful testing of the patient to determine the offender or offenders is of *very great* value in the warding off of seasonal hay fever.

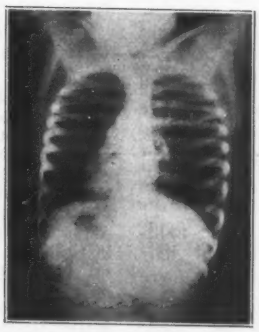
That its permanent curative value is for future determination. In the effort to obtain this focal infections should be removed to be supplemented if necessary by ductless gland therapy.

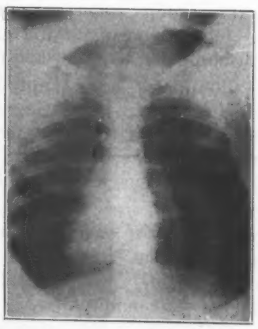
In approaching the asthma side of the subject, I do so with a feeling of trepidation because so many excellent articles have appeared in American literature especially those of J. Chandler Walker of the Peter Bent Brigham Hospital of Boston and Robert A. Cooke of New York. It is to Dr. Walker and his co-workers that the principal credit is due for the best of the work published in the past eighteen months, and for putting on a sound basis the methods of making the tests which are the only means of differential diagnosis as to etiology in this distressing symptom-complex.

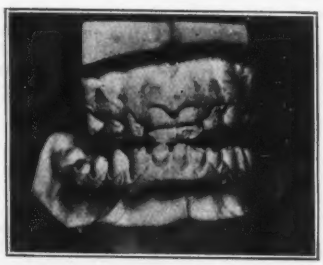
Cooke has given us the best schematic outline as an aid in the work as follows:

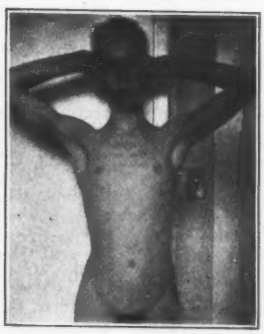


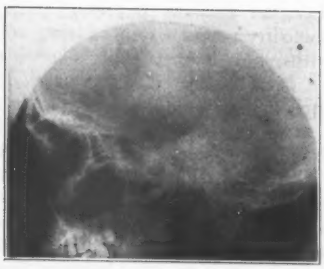


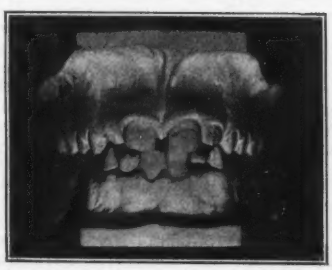


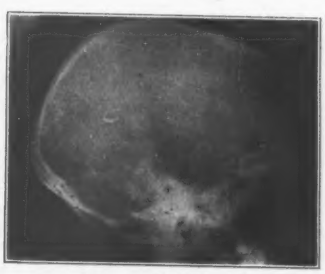












"ETIOLOGICAL CLASSIFICATION OF BRONCHIAL ASTHMA."

1. *Anaphylactic*: Protein absorption from,
   1. Respiratory tract,
      (a) Animal emanations, dander.
      (b) Vegetable emanations, pollens, sachet.
   2. Intestinal tract,
      Foods.
   3. Foci of infection.
   4. Subcutaneous tissue or intravenous injection.
      Therapeutic serums.
2. *Non-anaphylactic*:
   Thymus enlargement,
   Tuberculosis,
   Renal disease,
   Cardiac disease,
   Bronchial infections, acute and chronic,
   Reflex bronchospasm.

The latter group includes physical exercise, overeating, inhalation of irritating vapors and dust and atmospheric and barometric changes.

Walker illuminates and simplifies the schema for the student worker by stating that "The age at the onset of asthma is very important," during the first year of infancy should lead one to suspect milk, second year, eggs, cereals and wheat flour, frequently bacteria.

Between the ages of two and twelve the foods decrease and bacterias increase and animal hair and pollen come in. From childhood to forty bacteria, animal hair and pollens. From bacteria we are to understand acute infections, i.e. bronchitis, more commonly resulting from focal infections located principally in the nasal sinuses and tonsils.

I rather hesitate to present such a small group, some fifty cases, seen during the past twelve months, but as they express a varied etiology and have been associated with many discouraging moments in their study, I feel that it may be of some aid to other workers, beginning as I have to study asthmatic problems. Hoping therefore, that out of it all, something may be demonstrated to help this class of sufferers *particularly* children.

Of this group, 52 in number, 14 were anaphylactic, 10 due to animal hair, (9 horse dander and 1 dog dander) two to bacteria, one to food, two to pollens. Of the remaining cases one definitely tubercular with cavities in the lungs, associated with recurring infection from an antrum, relieved by vaccines; one probably in the class of pre-tubercular and having the asthmatic breathing in only one area of the right lung.

The other thirty-six should be classed as "asthmatic bronchitis associated with colds." Thirteen of these had one or both antra involved with ethmoiditis associated once and frontal sinuses once, teeth and tonsils infection found in several.

Twenty-two gave signs of endocrine disturbances, six thyroid predominating, 15 hypo-pituitary, one probably status lymphaticus. Gland disturbances in the other thirty cases were not searched for because my interest had not been thoroughly aroused to that phase of the subject prior to six months ago.

PITUITARY CASES.

The particularly interesting and striking feature of those where pituitary signs predominate, is the relationship of anaphylaxis to pituitary disturbances. This is present in those reacting to animal hairs, foods, bacteria. Also in those where the type of colds seems to be *anaphylactic* rather than bacterial.

Likewise in all, where stereoscopic X-ray pictures have been taken of the *sella turcica,* there appear to be departure from the normal measurements as laid down by Schuller in "Roentgen Diagnosis of Diseases of the Head."

Another interesting feature of the anaphylactic cases is the chest findings as shown in the X-ray stereoscopic pictures. Here as a rule normal readings are made in contradistinction to the peribronchial thickenings commonly found in the class of so-called "asthmatic bronchitics," or infective types.

From this group I should like to give the histories more in detail as follows:

Case 1. Chas. C., age 9½ years, seen April 1st, 1918. No history of asthma except great grandmother who had a little late in life. Mother and grandmother (mother's side) had dry scaly skins (ichthyosis) from childhood until puberty when it disappeared. Mother still some signs of slight hypothyroidism. The patient showed thyroid insufficiency as an infant of 6 months. First attack of asthma at 8 months and at 20 months attacks lasting two to three days. They kept recurring at intervals until 5 years old, when a change to a northern climate gave him freedom from attacks for two years. The attacks since have been at intervals, but always associated with colds and bronchitis, tonsils and adenoids removed some years ago. He was tested with 59 food proteins, animal hair and feathers; all negative. Further examination showed thinning of the outer third of the eyebrows, hair dry, skin dry and scaly, constipation, cold feet, had eneuresis when younger spaced front teeth. (Thyroid has been recommended earlier in life.) Has been taking thyroid up to 3 grs. daily for 6 months. Child seen in August this year, better in every way especially the ichthyosis but mother reported that he had an attack late in June when in the woods and near certain shrubs. He was then tested with the following pollen solutions: Kentucky blue grass, broncho grass, canary grass, timothy, wild oats, salt grass, orchard grass, English plantain, daisy, elderberry, California walnut, dandelion, western ragweed, mugwort; all proving negative. He may possibly have been sensitive to some other pollen unknown. The thyroid was continued and possibly post hypophyses may be recommended next year.

Case 2 H. B., age 6 years. Asthma commenced when two years old following bronchitis. Had three attacks a year until tonsils were removed two years ago. Mother was told he had climatic asthma and so went to the San Joaquin valley, where he was free of attack until he was brought back to San Francisco in August, 1917, three attacks since. Was tested with 29 foods, animal hair, feathers and staphlococcus, all negative. No focal infection. Urine and sputum negative. Skin bluish, cold to the touch. Has dry upper lids, puffy, protruding abdomen, mouth open (although adenoids and tonsils out) eyes dull, mind dull, in fact he looked generally foolish. No history of hives or constipation but had eneuresis. He was put on thyroid gr. 1-8 daily, increasing every 3rd day, 1-8 gr. He kept increasing dose until at present is taking 2 grs. daily. The improvement

has been quite marked. No asthmatic attack since, the chest had "squeaks" on several occasions. Has had two or three colds in past 7 months but no asthmatic attacks. When last seen Nov. 5th the boy had grown fully 3 inches, color of skin and dryness about normal, hardly any rales in chest, activity of mind vastly improved and appearance (brightness of face) decidedly different. No change in the nocturnal eneuresis.

Case 3 C. P., age 8, height 4 ft., 1 in, weight 52¼ lbs. Has had asthma since 14 months old following bronchitis. Father had asthma as a boy, in fact was practically bed-ridden until 14 years old. From 14 to 40 no asthma. Three years ago got an attack. No asthma on mother's side. Brother has hives. Had eczema when 3 months old, which cleared up to be followed by asthma. Present attacks accompanied with herpes around the mouth. Her tonsils and adenoids were removed two years ago. Cannot ride behind a horse or come near a cow without having an attack of asthma. Has a very low sugar tolerance. Loses her voice within a few minutes after eating "marshmallow"; eggs and walnuts upset her; her attacks are worse during the pollination season of grasses. She fatigues easily and is easily excited. Mentally is precocious for her age. She has spaced front teeth (central incisors); her skin is dry and arms and legs quite hairy. Her back is covered with fine hair 1½ inch long from back of neck to the small of her back. Her differential blood count is haemoglobin 70%, R.B.C. 4260000, W.B.C. 14400. Poly 24%, large lymp. 2%, small lymp. 71%, Transitional 2%, Eosinophiles 1%, Urine normal, Temp. subnormal, pulse 88. Of the pollens she is sensitive to 5 grasses; of the foods, corn and walnut positive; of the animal hairs, horse dander positive.

The chest picture shows some peri-bronchial thickening on the right side and her asthmatic breathing is principally on the right. The sella distinctly large and coupled with the teeth signs and the lessened sugar tolerance suggests fairly definitely post pituitary changes, the dry skin to thyroid and the excessive hair growth to adrenal. The whole case suggests a poly-glandular insufficiency with the pituitary predominating. Her treatment will consist of a desensitization to the horse dander and pollens combined with pituitary feeding plus the other gland substances later on.

Case 4. DeW. R., age 17, resident of Fresno. Mother asthmatic. Has had hay fever 4 or 5 years, attacks all year but worse in Spring. Asthma always follows colds. During attacks unable to sleep or climb stairs. Tonsils have been removed. Nothing in nose. Chest picture normal. Was tested with 23 pollens and found sensitive to salt grass and orchard grass. Negative to all foods, feathers, animal hair and tuberculin. Asthma is therefore permanently associated with pollens. He has no ambition, fatigues easily. Head aches very frequently, pupils well dilated, subnormal temperature, pulse 90. Skin very delicate white and thin, pubic and axillary hair distribution normal, none elsewhere on body, little showing on face. Looked upon as a slight hypo-pituitary and hypo adrenia subject, he was given ½ c.c. hypophyses and surrenal weekly. This he has had for two months with a generally definite improvement. No asthma in spite of one or two slight colds. Sleepiness gone, fatigue neurosis much improved. He has been asked to discontinue injections for a period of weeks to see how long the improvement will last.

Case 5. Ernest W., age 16. Constant colds and sneezing for 4 or 5 years accompanied by asthmatic breathing. There is no asthma in his family. His tonsils are O. K. Some secretion in middle meatus of left nostril. His palatal arch is high. Enamel from several teeth partly absent, especially central incisors. He has a long thorax, broadened pelvis. Pubic hair feminine type, sex organs normal. Has no hair on body or in axillae. Scapulae winged in bending forward. Has no excessive desire for sugar; loses "pep" only when has a cold. Blood examination nothing except very high eosinophiles 11%. The young man's general findings suggest from his teeth a tetany though he gives no history of spasms. The loss of calcium salt from the enamel probably is best explained on the basis of a para-thyroid deficiency. From his general appearance "Ewings" type of "status lymphaticus" except that the change in the sella which makes one include the pituitary in the glandular insufficiency picture. He has been referred to Dr. Kruse for further study and treatment with the recommendation that nothing be done surgically for the present and that he be given a prolonged treatment with gland substance to see whether the local infection in the nose will improve along with his general condition (lack of resistance).

Case 6. R. C., age 24, consulted me in January, 1918. Family history: father had hay fever, uncle asthma, grandmother on father's side gout. Mother's side no history of hay fever or asthma Personal history: asthma since two years of age; was told that he used to have large hives on his legs after riding a pony when a child. Had fully 15 attacks yearly, which lasted from 7 to 10 days. Attacks frequently associated with bronchitis. Had pneumonia two or three times. Has tried all climates in different parts of the world; has had many physicians and has been given every remedy believed to influence asthma without result. Tonsils removed in 1910. Noticed that he was comparatively free of asthma at the sea shore, but always choked up and had oppression in chest whenever in city. Finally concluded it was associated with horses.

Examination of nose showed a badly deflected septum, no evidence of sinusitis, had a high arch and front teeth crowded and irregular. Lower jaw of the overshot type. X-ray shows peri bronchial thickening and should be considered a negative plate.

He was tested with 59 foods, cat, dog and horse dander. Slightly sensitive to cabbage, canteloupe, radish, carrots, asparagus and spinach. He gave a tremendous reaction to horse dander solution ¼ in. to 1 in. with a 3 in. red zone about the hive. He was first injected with the alkaline meta protein solution 1:100000. After possibly five injections the change was made to the total dander solution 1:100000. The injections being given at weekly intervals in 3, 5, 8 and 12 drop doses; then the same procedure with the 1:10000 and 1:1000 solutions. These injections were carried on for a period of months with occasional lapses of 10-14 days without injections and during this period he had one or two slight attacks of asthmatic breathing. The net result was encouraging so far as the asthma was concerned, but not until the injections were taken without a break in the 5-day period, did it appear that we might control the chest oppression. We found however, about the first week of May that this disappeared and by the end of May his skin reaction was practically negative to all solutions. The young man, who had been unable to either go to college or enter any business, took a position as a roustabout in his uncle's shipyard in Seattle. He has had one severe attack of bronchitis with high temperature and asthma which lasted 10 or 12 days. He is taking his dander regularly. Whether this solution will finally overcome his cold catching tendency or whether his immunity can be lifted up still further with ductless gland therapy is a problem for the future.

The interesting side of this case is that he has improved under the use of horse dander solutions and it is the first time in his life that he has been able to think there was a place in the world's activity in which he might be of use.

Case 7. Mrs. O. W., resident of Nevada, age

44. Seen in February for asthma summer type. Father died of apoplexy at 72, mother from puerpural fever. has had all children's diseases. Menstruation first at 16 years; at present menstruation very profuse. Was athletic during student days, but always fatigued easily. Her asthma commenced 15 years ago following the birth of a son and was aggravated by the least exertion. For several years past the attacks have occurred during June to September about 3 attacks a week. Is free from attacks during winter and spring months. The first severe attack following a drive behind horses. Tonsils were removed three years ago. She has a deflected septum and spaced front teeth and X-ray showed several abscessed teeth. Skin test showed her sensitive to 8 pollens and to horse dander. Blood pressure 100, subnormal pulse and temperature, eosinophiles 6%, urine normal. The focal infections were cleared up and septum straightened to improve breathing only. Injections of horse dander solution 1:100000 was commenced in April and pollen solution 1:200000 in March, 1918. Doses given at 5 day intervals for each, i.e. a dose every 3rd day for five doses, then stronger solution until 1:1000 solutions were used. These were carried through the entire season. She was entirely free for the season except one occasion in July when she had gone a number of days without an injection. The attack of asthma was "anaphylactic" due to too strong a dose, the immunity having declined during the days she had no injection. At the end of the season she developed a sinusitis and an infective bronchitis with some asthma. This cleared after washings of the antra. Two weeks after she complained bitterly of asthenia and was "all in" mentally and physically. Blood pressure low. She was now put on Choay's preparation of "hypophyse" and "surrenal" 7 minims of each, increasing the hypophyse to 15 drops. One hypo every five days and continued for a period of several weeks. I am able to report that the patient's general condition tion is much improved. She is able to work long hours for the Red Cross but notices that she begins to get weary about the end of the 4th day. It is interesting to note that the blood pressure continues good at the end of the 4th day, being 140 five minutes after injection.

No pollen or horse dander solution will be used prior to the patient's usual season for asthma this year, but the ductless gland treatment will be kept up at least until the asthma season is at hand.

The explanation of the freedom of winter asthma I believe is that then horse dander particles are not found in the atmosphere at the altitude of her home (over 5000 feet) during the winter season. The reaction from the dander was more severe than the pollens, which suggests that the pollens were not the most important factors in the asthma.

Case 8. George S., age 46 years, was referred to me to see if his asthma was due to any infection in his nose or tonsils or to pituitary changes. His history is as follows: Has had asthma since 1915 following grippe. Has had considerable sneezing with discharge from the left nostril and says he had an acute sinusitis six months ago. A strip was removed from the inferior border of both lower turbinates some months ago which improved his breathing somewhat. There is no asthma in his family. During the past year his asthma has recurred frequently and for the three weeks prior to seeing me and following three injections of influenza vaccine it has been continuous. His examination developed the following: Weight 198, height 55½, blood pressure 130, temperature 97.4, pulse 84. No special fat deposits. Short square fingers, spaced front teeth. Body very hairy, especially on arms and chest. Tires easily, perspires readily. Has occasional headaches. Frequent nose bleeds from the age of 14 to 40. Sexual capacity active from 14 to 40. Eats quantities of bread and butter. Tonsils have a little cheesy material. The tubercle septi very sensitive to probing. Turbinates whitish in color and boggy. X-ray of sinuses shows thickening of the antral floor. Irrigation of antra, slight amount of mucus. X-ray of sella shows rather wide and deep. His blood count is as follows: Haemoglobin 85%, red 4,168,000, white count 8,400, polys 85, lymph. 15, eosin none. Tested with the following foods: peas, beans, white and sweet potatoes, corn, barley, rice, rye, oats, wheat, milk, eggs staph. strep. influenza, micrococcus cat; all negative. He was advised to enter hospital to have his blood sugar content determined and to undergo a course of pituitary feeding and later on to have his focal infections cleared up if still present.

RESULTS OF TREATMENT.

Horse dander cases: Of those associated with pollens, two had complete relief during the season, one now being treated with a French preparation of "post hypophyse" and surrenal hyperdermically at 5-day intervals. Two have been entirely relieved.

One is entirely free from oppressed breathing, which has always bothered him when in city, but he has had two severe attacks of bronchitis with high temperature and asthma. His horse dander solution will be continued over a period of months.

One is associated with foods, has had no attack in seven months except traceable to corn to which he was sensitive.

One under treatment, so far no trouble except from overdose when asthma lasting four days resulted.

One improved, patient lives a distance and other factors have not been worked out. The dog dander case was relieved for several months but had asthma on two or three occasions following colds and relieved with vaccines.

THOSE UNDER DUCTLESS GLANDS.

One has had one attack in six months, two have had no attacks, one under the care of another physician, two passed from observation, eight have delayed treatment.

OF THE BACTERIAL CASES.

One relieved by large doses of staphylococcus to which he was sensitive and the removal of his tonsils and draining antrum. The other bacterial case is still in the testing stage and therefore no treatment undertaken.

OF THE FOCAL INFECTIONS.

Six have been operated, four relieved, one still under treatment, one not benefited.

It will therefore be seen that hardly sufficient time has elapsed since most of this series of asthmatics have been under observation to come to definite conclusions regarding results of treatment, but judging from recent reports submitted by Cook (N. Y. Med. Journal, March 30, 1918), Chandler, Walker and Rackemann (Arch. Internal Medicine, Oct., 1918), of cases strictly anaphylactic in type (with practically only 7% failures) the work holds out great promises for its continuation. If the work mentioned in Hofrendahl's article (reflex neuroses) carried on in Von Noorden's clinic (by Bartelle, Falk and Schweeger)

who experimentally established that substance heightening the vagatonus, produces a neutrophylic-eosinophilic blood picture and they used hermones in their experiment, is produced by other observers, it will go a long way towards conclusions regarding the *large* class of "asthmatic bronchitics" whose resistance to infections is below normal and who may show an ill-defined picture of endocrine gland disturbance.

In searching for the cause of vaso-motor disturbances of the upper and lower respiratory tract, it seems to be worth while to bear in mind the influence of the autonomic or para-sympathetic nervous system in the nasal and bronchial neuroses and with it in view reproduce the following cut shown in my article on "vaso-motor disturbances" published in April, 1918, which illustrates the origin and distribution of the autonomic and sympathetic fibres.

One cannot leave this interesting subject without suggesting the need of careful investigation of those organs supplied by the lower end of the picture and to recall the great influence of *dysfunction* of these organs on neuroses, nasal as well as general.

ADDENDA.

The question of the ductless glands has been brought forward because we cannot see all cases belonging to the different groups mentioned in this paper, cured entirely by the removal of focal infections plus the injection of various protein solutions. And, while we admit that very many cases may not be benefited by the administration of gland products by mouth or hyperdermically, especially in adults, we feel the recognition of gland deficiency among children particularly, who exhibit ataxia of the vaso-motor system and in whom the suggestions presented in this paper are followed out, may ultimately be put in the class of cured cases who otherwise might be doomed to grow up as defectives variously classified.

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TUBERCULOSIS A GOVERNMENT PROBLEM

"Tuberculosis is another widespread evil which can not be successfully contended against except by educational processes through the combined efforts of the national, state and municipal governments intelligently directed to overcoming the general ignorance of the common people on this subject. The medical profession and private philanthropists have taught how to reduce sickness and mortality from tuberculosis, and so to put an end to the great impairment of national prosperity and private happiness caused by this disease; but only the public treasuries can pay the cost of carrying on an active and comprehensive campaign against this deep-seated evil. The National Government has made some successful efforts to abate, during this 19 months' war, the hideous evils of alcoholism, tuberculosis, and venereal disease, and every effort in this direction should be continued and developed now that the war is over. The states and municipalities should join in this effort; and it is the duty of every educational force in the country—universities, colleges, technical institutes, school boards, medical schools, and normal schools—to join in remedying in the rising generation the physical and mental defects from which they are suffering, and in delivering the coming generation from diseases of vice and ignorance from which their predecessors have suffered so intensely. In so doing they will be striving to eradicate defects in American education which have been emphasized by the war, though antedating

it."—Charles W. Eliot on "Defects in American Education Revealed by the War," School and Society, January 4, 1919.

Although little or nothing is known regarding the cause of the influenza epidemic which recently spread such havoc broadcast through our nation, yet a few things were learned in connection with its treatment which should prove beneficial in handling a similar epidemic in the future.

The advisability of establishing temporary hospitals was soon very apparent, says Lieut-Col. Philip Schuyler Doane, writing in The Modern Hospital of the influenza situation among shipyard workers. The mortality rate in the private home of the employee was much greater than that among those who were cared for in the temporary hospitals, and this fact proved a strong argument in favor of establishing these hospitals in various parts of the country even before the epidemic reached them.

It was also discovered that hospital accommodations must be adequate enough to give more than the ordinary allotted bed space, that the pneumonic type of patient must be separated from the simpler variety, and that the beds must be partitioned off in such a way as to screen one patient from another. Free ventilation and abundant sunlight were found to be very necessary, and, as a result, partitions between beds were made by using compo board, carried to a height of at least six feet. Hygienic conditions were given careful attention, disinfection being carried out everywhere. The common drinking cup was absolutely abolished and all eating utensils carefully sterilized. In fact, it was discovered that prevention was half the battle, and, by keeping down the number of cases to be treated, those in hand could be given greater emphasis and more careful attention.

Because air is a free commodity it is often not appreciated at its true worth. But its value was never more decisively demonstrated than in dealing with the recent Spanish influenza epidemic. The handling of the disease was largely experimental, and among the many treatments attempted was that of open-air. The first tent hospital for the treatment of influenza cases was established by the recruiting service of the United States Shipping Board with the aid of the authorities of the State of Massachusetts. Out of the five or six thousand men in training who were crowded into five ships stationed in east Boston, about 1,200 cases of influenza and pneumonia developed. The tent hospital took over 351 of the 1,200, and of this number but 36 died. When the reports from autopsies showed that a diminishing of lung area was simply drowning the patients, the treatment immediately sought to counteract this condition by giving the patients as much air as possible. Consequently, on pleasant days they were moved out into the air and sun.

Marked improvement in most cases took place at once. Practically without exception, after a day in the sunlight, temperatures were lower at night than they had been in the morning. Encouraged by this discovery, the physicians took heart and fought still harder, with the result that, as stated in "The Modern Hospital," great numbers of the patients not only recovered, but returned to duty on the ships sunburned after such a serious illness.

EMPLOYEES' HEALTH PAYS.

Medical work among employees is daily assuming a greater importance, and the day is not far off when a health welfare department will be an essential feature of every industrial establishment. A progressive step in this direction has been taken by the Colorado Fuel and Iron Company, which shows, in its latest annual report, a total of 132,057 cases treated within the last year. The staff of this very modern medical department, says "The Modern Hospital," includes surgeons, internists, neurologists, dentists, a pathologist, an obstetrician, an anesthetist, a chemist, and a large corps of nurses. Wassermann tests are made as a routine in all cases admitted to the hospital. Increasing attention is being given to the care of the teeth, for it has been discovered that employees who are suffering from toothache and are poisoned until half sick are unable to do their work satisfactorily, with the result that they lose time and are apt to meet with accidents on account of lack of mental alertness. In addition, aching, infected and deformed feet, clad in ill-fitting shoes, will never give 100 per cent. efficiency, and this particular phase of treatment is also receiving particular attention. Everything that tends to promote physical perfection is given consideration, for the war has proved that the working man, even as the soldier, must be examined from head to foot and kept fit for the fight.

United States Government says "drink milk." From the official bulletins of the Food Administration: "Use all the milk supply. Use buttermilk. Give the children plenty. It has in it something special which they must have to grow. Save on other things, if you must, but not on milk."

No milk is richer and more wholesome than that of the milk goat. The public, in general, is beset with the utterly false notion that goat's milk has an offensive odor. The public has acquired this notion through its encounters with buck goats. If bucks are kept away from the females, there is rarely, if ever, any noticeable odor in the milk. Furthermore, goat's milk means milk with the microbes left out. It has never been known to contain tubercular germs, and it is, therefore, the most wholesome milk for family use. Scientists have determined that at an altitude of 2,000 feet there are no germs of any sort. To this fact and to its extremely cleanly habits may be attributed the sound, rugged health of goats, for the domestic animals we know today originated from wild mountain goats living high up out of the germ belt of the world.—N. Y. City Department of Health.

The Division of Venereal Diseases in the U. S. Public Health Service was created in July, 1918, as a section to the "army bill," an appropriation of $4,000,000 was made for the campaign to control venereal diseases. This sum was made available from July 1, 1918, during two fiscal years. One million dollars was to be immediately available for State boards of health throughout the country, apportioned on the population basis. The same sum will be available on July 1, 1919, but on the condition that each State raises a sum equal to its apportionment. This condition was not imposed for 1918.

One million dollars is at once available to assist various States in caring for civilian persons "whose detention, isolation, quarantine, or commitment to institutions may be found necessary for the protection of the military and naval forces of the United States against venereal diseases."

For scientific research to discover more effective medical measures in the prevention and treatment of venereal diseases, one million dollars is appropriated; for the discovery and development of more effective educational measures in preventing venereal diseases and for related sociological and psychological research, $300,000 is appropriated. For a Division of Venereal Disease in the Public Health Service $200,000 is available and $100,000 will be used for the expenses of the Interdepartmental Social Hygiene Board, provided for in the bill and composed of the Surgeons General of the Army, Navy and Public Health Service.

THE INFLUENZA EPIDEMIC IN STUDENTS' ARMY TRAINING CAMP, LOS ANGELES*

By GEORGE H. KRESS, M. D., Los Angeles.

In the United States about 170,000 college students were enlisted as privates in the United States Army, and these students were grouped in some 500 different American colleges; each of these different college soldier units being knowr as a Students' Army Training Corps.

At the University of Southern California, the Students' Army Training Unit comprised some 919 enlisted men; and in command were two Colonels, and a staff of some 20 other line officers of the U. S. A. The Medical Staff consisted of six surgeons.

The physical examinations for admission were going on through the first week of October, when the first influenza cases made their appearance in the corps. At that time, the U.S.C.-S.A.T.C. barracks and mess halls at Exposition Park had not reached completion, so that most of these 900 men were living either in their homes or were boarding in different parts of Los Angeles.

As stated, the physical examinations were still going on when it was found necessary to start a sick call for the ambulant sick, and then in a day or two, it was necessary to call on the men who were conducting the examinations, to visit a goodly number of men who were reported sick at their homes.

The number of sick enlisted men who were boarding made it necessasy to provide some kind of hospital accommodations, and a two-story frame residence was rented: and blankets and army cots installed, and with no trained nurses or other help, a beginning was made in the way

*Read before the Los Angeles County Medical Association, December 3, 1918.

of a hospital. The little temporary hospital filled up almost over night.

In quick succession, as fast as they could be emptied and gotten into form, three of the buildings of the L. A. Medical Department, U. of C., were emptied, then filled with cots, and then with patients. In less than a week an institution of over 160 sick patients had come into existence, with a big nursing personnel, and a guard and fatigue detail of several hundred soldiers to do a certain amount of the drudgery, because at that time we did not have authority from the War Department at Washington to hire civilians to do the kitchen and similar work.

There were about 150 men who contracted the disease before the hospital accommodations were adequate, and these men were treated in their homes by private physicians in civil practice.

In the Base Hospital a total of 353 patients have been admitted, but 72 of these did not have influenza, so that we dealt in that hospital with 281 patients who had influenza. Of the 72 patients who did not have influenza, 22 were smallpox vaccination and triple typhoid lipo-vaccine inoculation reactions, the others being there for miscellaneous conditions.

The 281 influenza patients noted included 2 surgeons, 2 line officers on duty at the hospital, and 20 women nurses. In addition, out of some 300 soldiers, who were on duty at different times, a total of some 30 men contracted the disease at the hospital. No preventive influenza vaccines were used because the Medical Department of the Army did not provide or authorize the use of such. Masks were worn by the hospital personnel, and the usual prophylactic measures were ordered to be observed.

Among the 150 U.S.C. men who were sick in their homes, and who were treated in private practice, there were five deaths.

Among the U.S.C. men who were in the two hospitals, there was one death at the Branch Hospital, where 39 patients were treated, and three deaths at the Base Hospital where 281 influenza patients received treatment. The three deaths at the Base Hospital were all from dentistry students, who contracted the disease a day or two after a down-town peace parade. Practically all of the men who died in the hospital died with pneumonic complications.

Out of 281 influenza patients treated at the Base Hospital, 237 patients showed influenza of the so-called bone and muscle type. In twenty-three gastro-intestinal symptoms predominated, and in twenty-one pneumonia of the frank type was the dominant feature. In three the cerebral symptoms were prominent. In almost 200 of these patients, the pulmonary symptoms, that is symptoms of bronchitis, etc., were very marked.

As regards the methods of treatment, it was much like that in vogue in civil practice, special emphasis being placed on absolute rest in bed, and thorough convalescence. The value of absolute rest and thorough convalescence have been impressed upon as by the experience of camps in the East. A rough outline of the mode of treatment would be somewhat as follows:

1. *Position of Patient:* Patient is ordered to bed, and is not permitted to go to toilets, etc. until temperature has become normal for three days.

2. *Diet:* While fever is on, light diet.

3. *Bed Clothing:* Should be ample. Patients should be instructed to keep arms beneath the covers, especially when sweating. Exposure of chest and arms is forbidden. Flannel pajamas are preferred. Wrists and ankles of same may be pinned snug.

4. *Temperature:* Temperature and pulse should be taken every three hours if patient is awake. When patient is seriously ill, temperature should be taken during the night also.

6. *Laxatives:* Upon admission the bowels are to be opened with castor oil or saline. After that cathartics only as ordered by the surgeon.

7. *Fever:* When patient is admitted 10 grains of aspirin with 3 grains of quinine are given every two hours until two or three such doses have been given. After that, the same dose is given every three hours, if the temperature is above 101. If temperature comes down again, the amount of aspirin and quinine determined by attending physician.

8. *Special Symptoms*:

(A) *Achings of muscles, bones, or joints:* When patient is admitted the aspirin treatment in lesser dosage is used; and in addition, the back and other sore tissues may be rubbed with a camphor-menthol or similar liniment.

(B) *Chest Tightness:* For this a mustard paste, one part of mustard to six parts of flour, is applied for twenty minutes, and this may be repeated every three hours or so if tightness continues.

(C) *Cough:* For the cough, inhalations of tincture of benzoin compound may be used as needed; no cough mixtures, or narcotics, except on orders from the attending physicians.

(D) *Gargle:* Mouths are to be kept clean, and throats treated with Dobell's solution.

(E) *Nose:* For the nose, weak camphor-menthol drops may be used. For repeated nose-bleed, pack the nostrils.

(F) *Drinks:* Hot lemonade and fruit juices can be given frequently. If desirable, a tablespoonful of whisky may be added to the lemonade.

(G) *Complications:* These are to receive treatment as per special orders from attending physician.

9. *Convalescence:* All patients are to remain in bed for three days after temperature has become normal. These convalescent patients can then be out in the hospital park for three days longer, provided weather is favorable. If fever returns after patient has been up and about in the hospital park, he is ordered back to bed for two more days, and then out-door privileges are again tried. Patients are then permitted to have a furlough of three days in their homes. At the end of this time they are to report to the attending surgeon at the morning sick call, who will deter-

mine whether they are to remain in quarters, or whether they are to return to "light duty" or to "full duty."

In conclusion, it is fully appreciated that there is nothing new in any of this, but it may nevertheless be of some interest, as showing the effects of influenza in a group of almost 1000 males at the viable age period, the majority at ages of 18 to 21.

Book Review

The Orthopedic Treatment of Gunshot Injuries. By Leo Mayer, M. D., Instructor in Orthopedic Surgery, New York Postgraduate Medical School and Hospital, with an introduction by Col. E. G. Brackett, M. C. N. A. Director of Military Orthopedic Surgery. 12mo of 250 pages, with 184 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, $2.50 net.

The aim of the writer is to restore the wounded soldier not only to health, but to useful activity as well. Col. Brackett introduces the book and welcomes it as a most timely contribution to the literature of military orthopedics. The volume discusses the treatment of injuries at the front, the base and the reconstruction center. The author strives to shorten the period of after treatment by early application of correct and mechanical appliances. He emphasizes the importance of functional rather than anatomical restoratino. The industrial surgeon will find much value and instructive material in Dr. Mayer's little volume. A. G.

Principles and Practice of Obstetrics. By Joseph B. LeLee, A. B., M. D., Professor of Obstetrics at the Northwestern University Medical School. Third edition, thoroughly revised. Large octavo of 1089 pages, with 949 illustrations, 187 of them in colors. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, $8.50 net.

As the author states in the preface, the entire book has been critically reviewed and many subjects have been amplified. The general arrangement is the same as in the second edition, and is most satisfactory from the point of view of both the student and the teacher. Newer methods are fully and fairly discussed and very conservative conclusions are drawn. This is particularly true of the chapter on obstetrical anesthesia, with reference especially to twilight sleep and nitrous oxide gas. The illustrations in most instances are exceedingly well done and the references at the end of each chapter are not intended to cover the literature, but add a great deal to the value of the volume. On the whole, this is a very satisfactory textbook for the student and a helpful and practical volume for the practitioner. H. A. S.

The Newer Knowledge of Nutrition. E. V. McCollum. New York: Macmillan. 1918.

This little book sums up and interprets the results of years of patient work, work which is to be of incalculable value to the physician, the sociologist and the stock raiser. It is clear now that a diet may furnish an abundance of protein and energy; it may be easy of digestion; it may furnish a wide variety, including several seeds or their products, tubers, roots and meats; it may be pleasing to the human palate and yet it may fail utterly to support nutrition. We have long known the need for an adequate supply of protein; Mendel and Osborne showed us the importance of the various amino-acids making up the protein molecule; while Sherman and others emphasized the need for a balanced salt ration; now McCollum shows that we are absolutely dependent on a proper supply of two so far unidentified substances: fat-soluble A and water-soluble B. These are found largely in milk, butter, eggs and green vegetables. It is clear now that in attempting to cure nephritis, eczema, asthma, digestive disturbances, etc., we often put our patients on diets which, if closely followed, would sooner or later seriously disable or kill. McCollum shows how empty are the claims of sentimentalists that "Nature" furnishes us perfect foods in sealed packages and that all we have to do is to eat fruit and vegetables. No sensible man looking into this book would think of meddling with the diet of his fellows until he had thoroughly grasped the scientific principles therein described.

W. C. A.

Roentgen Diagnosis of Diseases of the Head. By Arthur Schuller. 305 pp. St. Louis: Mosby. 1918. Price $4.00.

This work is a valuable addition to the library of the Roentgenologist and the Diagnostician, fulfilling the needs for a well balanced text on this subject. The author has had the advantage of access to an unusual amount of normal as well as pathological material and descriptions of normal variations are given a prominent part in the volume. Primary lesions of the skull are adequately described but scant attention is given to the metastatic lesions. Injuries are given only a minor place. Of particular interest is the description of the changes from intracranial lesions and under this heading the normal variations of the sella are emphasized and some simple rules for differentiation of hypophyseal from extra sellar tumors are laid down. Case histories with reports of operations and autopsies form a no small part of the work, while the references to the literature are of great number. It is to be regretted that the illustrations do not, either in number or quality, measure up to the excellent standard of the text.

L. B.

Neoplastic Diseases; A Text Book on Tumors. By James Ewing, A. M. M. D., S. C. D. Philadelphia, London: W. B. Saunders Co. 1919.

The author has exceedingly well accomplished the object of his work which is to present within reasonable space and in acceptable form the main features of the origin, structure and natural history of tumors.

The book contains a wealth of information in regard to tumors and presents the subject from a thoroughly practical point of view. For this reason it is not only interesting to a specialist but should be of the greatest advantage as a reference book to physicians in practice. It covers the subject more adequately than any book that the reviewer is familiar with and can be thoroughly recommended as a trustworthy guide to this difficult and obscure subject.

Equilibrium and Vertigo. By I. A. Jones. 444 pp. Illustrated. Philadelphia: Lippincott. 1918. Price $5.00.

This work is the most important contribution in English to the comparativly modern study of oto-neurology. It does not purport to be the last word in this study, but it has undoubtedly embodied all that is known of this subject. It is, moreover, presented in an orderly and practical way, so that it may be of great use to the general practitioner as well as the specialist. The important fact is well brought out that all vertigo is the result of a direct action upon the internal ear or its associated pathways in the brain. The day has passed when the general practitioner can dismiss the symptom "dizziness" with a few general remarks about the liver and some calomel. We know that it may be just as well an internal ear or brain lesion, which produces the effect. In many cases the final diagnosis of a brain lesion, and possibly its location, is arrived at by means

of the various ear tests. It is necessary to have these findings in every suspected case of brain lesion.

The suggestion that we have one branch of the vestibular nerve supplying the external semicircular canal and another branch supplying the vertical canals and pursuing a different pathway in the brain, is important and appears to be pretty well substantiated by Jones. If proven by future work to be true it will be a very valuable aid in localizing brain lesions.

An immense field for investigation and careful work lies before those engaged in otology, and this must be done in conjunction with the neurologist and general practitioner.

This volume should be in the possession of every physician. H. McN.

Text Book of Home Nursing. By Eveleen Harrison. 193 pp. 2nd ed. revised. N. Y.: Macmillan. 1918. Price $1.10.

This book of Home Nursing will be a useful guide to those who, without much instruction, are obliged to care for their sick for the descriptions of procedures are clear and concise and should be easily followed. The book also contains directions for the first aid treatment in emergencies and recipes for preparing appropriate foods for invalid dietary.

Notes on Pathological and Operative Obstetrics. By Lyle G. McNeile. 215 Pages. Published by Division of Obstetrics, College of Physicians and Surgeons, Medical Department of the University of Southern California. Los Angeles: 1919. Price $2.00.

An excellent handbook of pocket size. It is essentially brief and surprisingly complete. Each of the eight sections deals with pathological conditions, normal obstetrics having been omitted. Each subject is considered in systematic order, beginning with definition, taking up types of the disease or condition, etiology, pathology, symptoms, diagnosis, differential diagnosis, prognosis, prophylaxis and treatment. The different subjects have been handled in a liberal manner, each having been approached from several angles. There is no set idea carried out, as to the manner in which certain conditions must be treated. The reader is presented with practically all of the accepted methods of procedure in a few concise sentences, and from among these he may choose such as are particularly suited to the case in hand.

On first seeing the book, one's feeling is that it is too small to cover the field of its subject, yet one finds practically no important point neglected. It is not a text book, but rather a handy complete notebook. K. L. S.

Diseases of Infancy and Childhood. By Henry Koplik. Fourth edition, revised and enlarged. Illustrated with 239 engravings and 25 plates in color and monochrome. 928 pages. New York: Lea & Febiger. 1918.

This book is valuable to the medical student and the general practitioner treating children, particularly as an aid to diagnosis. Its greatest value lies in the logically arranged and detailed descriptions of common and important conditions. Etiology, pathology, symptomatology and differential diagnosis are dwelt upon; cases are given and statistics quoted which contribute directly to a clear understanding of the subject. The illustrations of actual cases are numerous and helpful; the color plates are excellent. The book includes skin, mental and nervous diseases, but the rarer and more specialized aspects of the various disorders are dismissed briefly. The subject matter is arranged by diseases of systems and is made readily available by an excellent index. Particularly valuable are the chapters on acute diseases, specific infections, diseases of the digestive tract, tuberculosis and syphilis. The book brings much new material, the results of recent work on poliomyelitis, meningitis, acidosis, etc. The section on infant feeding is comprehensive, but presents some difficulties of application to one unfamiliar with the subject of milk modification and specialized foods. The student will appreciate the section on diagnostic methods and therapy. Treatment is discussed briefly with little or no detail as to method and dosage, so that the book is somewhat disappointing as a reference for therapy. Its great value lies in sections bearing on diagnosis and pathology. P. P. P.

Immunity

LOS ANGELES SIGN-POSTS.

To the Editor:

Owing to the peculiarly sensitive condition of mortal mind in Los Angeles County, it occurs to me that all automobile sign-posts reading: Danger, Go Slow, should be changed to: God is Love!

THOUGHTFUL CITIZEN.

April 20, 1919.

AGREES WITH WOMAN PHYSICIAN.

To the Editor:

Hip! Hip! Hoorah! I am glad that one woman had the nerve to say in print what a lot of us think, that women physicians got a raw deal from the war department and also, I am glad that she had a chance to get her letter in print. The facts cannot be concealed. Why should women physicians not receive the same rank, salary, and authority as men physicians, when the work and responsibility are the same?

Again wrathfully yours,

ANOTHER WOMAN PHYSICIAN.

April 11, 1919.

DISAGREES WITH WOMAN PHYSICIAN.

To the Editor:

I wish to protest most emphatically against the tone and spirit of the outrageous letter entitled "A Just Complaint From a Woman Physician" in the Immunity department of the April Journal. Women physicians did receive recognition from the War Department and patriotism alone, let alone decency, would require that they show a spirit of service and loyalty which would make them willing to serve in whatever capacity their labor could be most useful. That most of them did this, is a well known fact. I am, therefore, the more surprised that such a lucubration should be possible from a woman physician, and I am even surprised that it should receive publicity at the hands of the Journal.

Very truly,

K. L. A.

April 18, 1919.

Correspondence

NEVADA INVITATION.

To the Editor:

On behalf of the Nevada State Medical Association I extend a hearty invitation to the California State Medical Association to attend our meeting at Lake Tahoe Tavern on June 20th and 21st.

We are expecting a large attendance and a good time, with plenty of riotous living on the part of the Nevada crowd, who see one last chance to get good and wet before the whole country becomes a desert.

If any of your members will favor us with papers we will be glad to have them do so, and I would like to know about it as soon as possible.

Yours very truly,

HORACE J. BROWN,
Sec'y-Treas.

CONCERNING AN IMMUNITY LETTER.

To the Editor:—In looking over the April number of your Journal I noted under the Immunity section an exceedingly crude letter by a Medical woman signed, "One Who Tried." While I deplore the manner of stating her case, I am forced to admit there is an element of truth in it. That the U. S. Government treated the women physicians shabbily is undoubtedly true, but the women who entered the Army knew exactly what their status would be, therefore it seems to me they have no just cause for criticism.

That the women have done splendid and noble work nobody can deny, and it seems all the more glorious in that their motives were purely patriotic. They have shown their mettle and now is the time for them to claim their reward. During the war it was impossible to interest Congress in any measure not essential to the conduct of the war, but now that that is over let the women physicians of the United States get together and put a bill through Congress entitling them to commissions in the Army in times of war, and in the Public Health, Marine and Sanitary Services at all times.

Yours truly,

MILLICENT COSGRAVE, M. D.

April 9, 1919, San Francisco.

PUBLICATION OF PAPERS BY ARMY MEDICAL OFFICERS.

To the Editor:

As stated in the circular memoranda for Editors of Medical Publications issued by the Surgeon General's Office on March 27 and May 22, 1918, it is required by paragraph 423, Manual of the Medical Department, that all medical manuscripts by medical officers, U. S. Army, intended for publication shall be first submitted to the Surgeon General's Office, Washington, D. C., for approval. This regulation, which has been very courteously complied with, to date, is still in force as far as medical officers on active duty are concerned. In the case of medical officers recently retired from active duty, it is requested, as a courtesy to the Surgeon General and in aid of assembling material for the Medical History of the War, that all medical manuscripts based upon military or official records or upon military experience during the War, be submitted as heretofore, to the Secretary, Board of Publications, Surgeon General's Office, Washington, D. C., for record and approval and that such MSS be accompanied by a carbon copy. Upon approval, the original copy will be forwarded to the journal designated, for publication, and the carbon will be filed in the records of the Medical History of the War.

For the Surgeon General:

(Signed) C. R. DARNALL,

Colonel, Medical Corps, U. S. A., Executive Officer.

March 20, 1919.

CRITICISM OF EDITORIAL.

To the Editor:—In the March issue of the State Journal, you take occasion to spank the Journal of the A. M. A. for its excellent editorial of January 4th on the Los Angeles County Hospital.

At the outset of this letter, I wish to state that I did not inspire the editorial of the Journal of the A. M. A. nor did I have any knowledge of its publication or of the situation until I read the editorial. I have never had any communication from the Journal concerning this subject nor have I any correspondence or conversation with anybody connected with the Journal about the Los Angeles County Hospital.

The editorial simply states a fact and deplores that fact. It is a fact that "out of twenty-six internes at present in this hospital, eleven are reported as graduates of an osteopathic college, one is a graduate of dentistry and one holds a diploma from the notorious Oriental University, a 'correspondence' institution at Washington, D. C. It is unbelievable that these internes could have secured their places had they been required to pass a thorough but fair examination, including practical and clinical tests, such as used in testing the qualifications of internes by other high grade hospitals in the United States." * * * * "It is hoped that the conditions at present in Los Angeles County Hospital are only temporary, due perhaps to a war emergency, etc."

Now, what's wrong with that? Absolutely nothing. It is a most deplorable situation brought about not altogether by war conditions but by the methods of conducting examinations and insufficient frequency of examinations as well as several other bad factors in the management of this "excellent" institution.

The manager of the Los Angeles County Hospital is not a Doctor; as quoted in your editorial. He never had one day of hospital or other institutional experience prior to his elevation to the management of the Los Angeles County Hospital two years ago. He was a very good railroad clerk of the S. P. variety and after the Mexicans chased Mr. Epes Randolph's group out of Mexico, Mr. Martin did some very efficient work for the County Charities, I am told. This is the simple story.

Mr. Martin states in his article in the State Journal that the Hospital is "non-political." I am glad to know this. I was laboring under the delusion that politics had something to do with his appointment to the position he now holds.

Mr. Martin wrote an article condemning the Journal of the A. M. A., which was published as an editorial in the Los Angeles County Society Bulletin. The Secretary of the Society admitted to me that Martin wrote this "editorial." Upon what meat doth this our Caesar feed that he hath become so great that he edits our County "Bulletin" and our State Journal?

May I ask the readers of the California State Journal to read the editorial on the Los Angeles County Hospital in the Journal of the A. M. A. for January 4, 1919?

Why not copy it in full in the State Journal and let the profession judge for itself?

"Fuller investigation and better acquaintance with the facts of the case would doubtless have led to a very different judgment"—on your part before attempting to trounce the Journal of the A. M. A.

Respectfully,

WILLIAM DUFFIELD.

Los Angeles, Calif., March 25, 1919.

(Comment.—Dr. Duffield's letter gives the impression of being a personal attack on the superintendent of the Los Angeles County Hospital, and incidentally on that hospital. The incorporation in the Journal editorial of the "Dr." before the name of Mr. Martin was a slip occurring but once and was in no sense intentional or designed to give a wrong impression. Nor was it a very serious matter after all. The Journal editorial was written after due and adequate investigation of the situation induced by the editorial in the A. M. A. Journal of January 4, 1919. When the A. M. A. editorial appeared, the write-up of the Los Angeles County Hospital which subsequently appeared in the March issue of the California State Journal, was ready for publication and its publication was deferred until the editor had communicated by letter and by personal conference with persons whose knowledge was authoritative. Mr. Martin volunteered no statement until directly asked by letter to explain the facts as they appeared to him, which resulted in the A. M. A. editorial. He did not

write, suggest, nor request the editorial in the **California State Journal.**

Dr. Duffield quotes the statements in the A. M. A. editorial and asks, "What is wrong with that?" Our answer is found in the editorial in the March issue of this Journal where the limitations imposed on the hospital as regards its examinations, and appointments, which are dependent on a civil service list, are pointed out. If Dr. Duffield has had a "delusion" as to the political nature of the Los Angeles County Hospital, the matter should be settled by the Los Angeles County Medical Society. The editor of this Journal has not expressed an opinion on the subject.

Dr. Duffield states that Mr. Martin "edits our County Bulletin and our State Journal." The former statement is a matter for Los Angeles County determination strictly. The latter is not true. It is a fact that the editor of the California State Journal of Medicine does not write each and every editorial in it. He assumes full responsibility however, for each one, and edits their tone and argument. A similar situation exists, to the personal knowledge of the writer, in the case of practically all of the larger weekly medical journals of the United States.

Referring to the last paragraph of Dr. Duffield's letter, we are still waiting to hear any additional facts which would lead to reconsideration. Why not present new or fuller facts, rather than merely attack a well-sustained presentation? If there are abuses in the Los Angles County Hospital, and if it is essentially political in its appointments, and if it does not measure up to acceptable hospital standards, may we invite all concerned or interested to read the editorial in this issue on Hospital Improvement and Standardization, and further, may we invite them to secure the membership of the hospital in the hospital section of the League for the Conservation of Public Health, which affords an excellent medium to study existing situations, and to work out means for improving them.)

State Society

The general meeting of the Medical Society of the State of California, which took place at Santa Barbara April 15th, 16th and 17th, was one of the most successful in the history of the Society. It was the second largest meeting ever attended. The hotel accommodations were ample and the weather was most delightful. Perfect harmony ruled throughout the entire convention, and the spirit of the event was most happy and wholesome. The Scientific Program was replete with valuable and interesting presentations. One of the big features of the meeting was the luncheon given by the League for the Conservation of Public Health. This was a most successful event and the speeches given on this occasion opened the eyes of the profession to the purposes and principles of this laudable organization.

A full report of the meeting will be given in a forthcoming issue of the Journal, and it will show that the Society has made very definite progress in the development of the highest ideals of the profession and in the scientific spirit which should rule us.

County Societies

ALAMEDA COUNTY.

At the regular meeting of the Alameda County Medical Association held March 17th, 1919, the following interesting program was presented:

I. Medical Treatment of Visceroptosis.
Dr. H. Gordon MacLean.

The Doctor in his paper brought out the following points:

Uncomplicated visceroptosis is readily amenable to medical treatment.

The underlying causes are chiefly developmental consisting of narrowed, flattened thorax, depressed diaphragm, undeveloped, stretched out abdominal, pelvic and vertebral muscles, with associated spinal defects. The stomach is usually only slightly atonic and the colon spastic and not kinked. The constipation is due to the relaxed abdominal and pelvic muscles and not to any atony of the colon; therefor cathartics are contraindicated.

The patient is put to bed and the foot of the bed gradually raised to 9 inches. The food intake must be 3000 calories or over, and consists of 3 meals daily with 2 quarts of milk and one-half pint of cream worked in between the meals. Hot compresses are applied for 40 minutes after the meals. General massage, except over the abdomen, is given nightly. Exercises designed to develop the abdominal, pelvic and vertebral muscles, and to widen the lower chest are instituted.

After the rest period of 5-8 weeks, the patient is fitted with a proper corset and instructed to keep up the exercises and the high caloric intake.

Under this regime the weight is increased 15-30 lbs. and the lower chest circumference increased 3-8 inches.

II. The Roentgen Study of Visceroptosis.
Mr. P. L. Ansell.

Mr. Ansell brought out several interesting and valuable factors:

The grouping and correlation between physical characteristics and visceral form, position and tonus was well covered and excellently illustrated.

Of special interest was that part of the paper devoted to the differential interpretation of organic lesions such as gastric and duodenal ulcers, chronic appendices, pericecal and pelvic adhesions and the frequency of their occurrence in visceroptotic individuals. Several lantern slides were shown demonstrating the great value of Roentgen study as an aid to diagnosis in this type of cases.

III. Cystitis as a Diagnostic Fallacy.
Drs. G. G. Reinle and E. Spence DePuy.

The authors claimed that Cystitis, except in some instances, is not a disease, but an indication of some other condition, and that a Cystitis may be an indication of pathological changes varying in location from the urethra to the kidneys.

Every case of Cystitis should be proven not to be normal before one may satisfy his conscience that the patient is suffering no injury from neglect. Particularly was emphasis laid upon the necessity of excluding Tubercular Kidney in every case of Cystitis in the young.

These papers were ably discussed by Drs. W. H. Strietmann, Albert Rowe, R. T. Stratton and O. D. Hamlin.

The regular monthly meeting of the Samuel Merritt Hospital Staff Council was held at the Hospital, Monday evening, April 7, 1919.

The program included papers on "Autoplastic Surgery in Fractures" by Drs. W. L. Bell and M. L. Emerson, and a paper on "Irritable Heart" by Dr. A. W. Hewlett, Professor of Medicine at Stanford University.

After the scientific program, a light supper was served and an enjoyable hour spent by those present.

The members of the Alameda County Medical Association were indeed shocked and grieved at the sudden and untimely death of Dr. Ellsworth Bailey March 26th, 1919, at his home in Berkeley. The Doctor was cleaning his gun expecting to leave on the following day for a vacation and hunting trip in Shasta County, when, in some way,

the gun was accidentally discharged, inflicting the fatal wound.

The Board of Supervisors appointed Dr. Charles E. Mordoff, formerly a Major in the Army, resident physician at the Alameda County Hospital. Dr. Mordoff succeeds Dr. C. R. Krone.

A resolution inviting the State Board of Health to make a health survey of the city of Oakland was unanimously adopted today by the city council. The work will be begun immediately.

LOS ANGELES COUNTY.

Society Meeting.

The first monthly meeting of the Los Angeles County Medical Association took place in the Arrow Theatre of the Hamburger Bldg., March 6th, at 8 P. M.

The President, Dr. W. T. McArthur, opened the meeting.

Capt. E. G. Stivers, M. D., spoke on the "Treatment of Stammering and Other Speech Defects."

The next paper was by Major Chas. D. Lockwood, M. D., "A Review of Five Hundred Operations for Battle Casualties."

The last number of the program was Major E. C. Moore's talk on "The Battle of the Argonne."

The Second Monthly Meeting.

The second monthly meeting of the Los Angeles County Medical Association took place in the Arrow Theatre of the Hamburger Bldg., March 20th, at 8:30 P. M.

Dr. W. T. McArthur, the president, called the meeting to order, and mentioned that the subject for the evening was one which had been studied by Hypocrates, Aesculapius and Moses, whereupon he introduced the distinguished specialist, Dr. S. Adolphus Knopf, from New York.

Dr. Knopf presented his subject "Prevention of Relapses in Cases of Arrested Tuberculosis Among Soldiers and Sailors," with demonstration of masso-hydro and respiratory therapy on a patient.

He spoke of the rehabilitation of the soldiers, "blesse" as the French say "Par la Tuberculose," told how the draft boards had endeavored to exclude tubercular men from the Army, of the instructions given by the Surgeon General that the American soldier should be taught about tuberculosis and of the many hospitals founded by the Government. In these hospitals the soldiers are retained until the malady is reduced to the minimum.

Soldiers and sailors were chiefly affected between the ages of 18 and 36. More consultants, sanatorium physicians and also those who are to solve the problems of the subject are needed. The vast majority of the patients leave too soon because of the economic necessity. If they could be retained longer, many relapses would be avoided.

He then gave the methods of treatment of arrested cases which he recommends as the most effective in preventing relapse; first, Masso-therapy. Massage was much neglected and was thought too expensive. The war-blinded soldiers could be trained to make good masseurs. Massage removes muscular flabbiness and degeneration. Swedish massage can be used to prevent relapses. It can save thousands in pension money. In massaging, the room should be warm, and the table of medium height. Four movements is all that is necessary and each kind to be repeated four times all from the periphery to the heart. Friction; kneading by which the muscles are lifted from their long attachment. There should be no strong massage over the abdomen; tapping; stroking, by enveloping the whole joint with your hands while stroking. Forty-five minutes of this is all that is necessary for a massage. After doing the front, turn the patient face downwards and do the back. There are also passive, assisted, and resisted and rotary movements which explain themselves.

Discussion.

R. L. Byrnes, M. D.—Experience in the general hospital No. 16 at the front has taught us that some tubercular soldiers are very ignorant. After a physical examination they are kept in bed for ten days or sent to some vocational school. They want to get home. These men get exercises therefore have no flabby muscles. The conditions for civilian patients are so much better than those for the soldier.

Chas. C. Browning, M. D.—We are remiss in not securing the co-operation of the patient. The patient can be made to understand that the pathology of tuberculosis is scar formation. The history of this scar serves as a working basis, as an understanding of the patient of the necessity for the time for the scar to become firm so as to protect from further advancement of the tuberculous process—it is the limiting agent of extension.

Massage is a means of exercising muscles without effort on the part of the patient. It may be used to advantage to increase metabolism when active exercise is contra-indicated.

Hydrotherapy cannot always be carried out with the use of hot water. If the patient is not accustomed to cold baths, these may be started by exposure of a portion of the body to the air, using a bath towel for rubbing the body; gradually extend this process to the entire body. Begin the gradual extension of use of water with the hand or sponge until the body is finally sponged all over. In this way in a few days most people will be enabled to take cold baths. The measure of the value of the bath is the reaction.

Dr. N. N. Wood—The subject was a timely one and I concur with Dr. Byrnes. The patients go back to their homes and the treatment falls heavily on the physicians of their abode. Some of the hospitals are undermanned.

Dr. George L. Cole moved a vote of appreciation and said that the subject may be applied to the cases of tuberculosis that will follow the influenza epidemic. It is a timely subject of great interest to us all. The motion was carried with great applause.

Dr. W. E. Carter on behalf of the Los Angeles County Hospital Alumni Association, presented a beautiful ring as a token to the oldest living alumnus, Dr. A. Adolphus Knopf, who answered in fitting terms. He referred to the beginning of his medical studies in Los Angeles and the well known medical men, some still living here, who guided him in the beginning, all of whom he remembered gratefully.

PERSONALS.

Physician Returns.

Capt. Matthew Campbell, who has been in service in the Medical Corps, has returned to Los Angeles. Dr. Campbell will go to New York for a two months' post graduate course after which he will resume his practice.

Doctor Resumes Practice.

Dr. Ross Moore has returned from France and is about to resume his practice. He was a Major in the neurological section of the Medical Corps for eighteen months, most of which time was spent in France.

Dr. Egerton Crispin, Lieutenant-Commander, Medical Corps, U. S. N., who was called out with Navy Base Hospital No. Three, organized in Los Angeles in December 1919, recently returned from over-seas to his home in Los Angeles.

Doctor's Wife Dies.

Mrs. Eva M. Kibbe Anderson, 43 years old, wife of Dr. C. Edward Anderson, died March 11, after a three days' illness of meningitis. She leaves a young son and daughter.

Dr. Biggs Returns.

Dr. Elmer I. Biggs, who has been attached to the permanent staff of Camp Lewis with the rank of Captain since July, 1918, has received his discharge from the army and has returned to resume his practice.

Physician Going East.

Dr. Chester H. Bowers, wha has been in the ear, nose and throat department of one of the United States Naval Hospitals has been released from service, and is going to Harvard Post-graduate School and the clinics of the East. Dr. Bowers is a member of the faculty of the College of Physicians and Surgeons of this city and on the staff of Los Angeles County Hospital.

Dr. Mackenzie Returns.

Dr. W. W. Mackenzie, who was commisioned as Captain, and served in the Medical Corps at the Letterman General Hospital at the Presidio, has received an honorable discharge and has returned to Los Angeles.

Venice Physician Injured in Collision.

Dr. I. L. Magee was slightly injured when he was driving across the Rose Ave. Railroad crossing Dr. Chester H. Bowers, who has been in the ear, Hubbard, a fireman, was suffering from a bad cut.

Captain's Wife Dies.

Mrs. C. A. Tillotson, wife of Capt. C. A. Tillotson, died March 20 in the Agnew Sanitarium near San Diego, where she was taken following a stroke of paralysis last Monday. Mrs. Tillotson went to San Diego Saturday to meet Capt. Tillotson when he was discharged in Camp Kearny following the return of his company from France. Capt. Tillotson, formerly a physician near Fresno, went overseas with the Fifty-fifth Ammunition Train from Fort McArthur in August 1918. He received his commission in July, and was ordered to report to Fort McArthur the first part of August. Mrs. Tillotson had one child, John S. Tillotson, 11 years old. The family came to California in 1907 from Fort Benton, Mont.

Noted Surgeon May Live Here.

Dr. John Harrison Quayle is leaving Los Angeles to-day for his home in Cleveland, Ohio, after a visit in what he declares is the finest section of America. He said he looks forward to the time when he is able to make his home in this city.

Dr. Quayle came here after performing one of the hardest tasks carried out by any war-worker—that of reclaiming thousands of soldiers out of men who, under the regulations in force before 1918, would have been rejected as physically unfit. Dr. Quayle is responsible for the entire medical reclamation work of the American Army, having started it in 1917, when 78% of the men examined were being rejected.

Angeleno Is Honored.

Dr. Howard W. Seager, Los Angeles physician and surgeon, who is now on overseas duty, attached to Base Hospital 131, A. E. F., has been cited for a certificate of merit by his commanding general, it became known here yesterday.

The citation is based on Dr. Seager's past and present service record. In recommending the citation Lieut. Col. H. H. Smith made the following notation: Capt. Seager served during the Spanish-American War and Philippine insurrection with the United States Army, in the capacity of a medical officer, with credit to himself, having received a laudatory mention in the Inspector-General's report of 1902. My own reasons for forwarding this request are naturally based upon the character of his work with the organization known as Base Hospital 131.

Dr. Dehelly Arrives.

Dr. George Dehelly, a celebrated French surgeon, and an associate of Dr. Alexis Carrel, has arrived for a three days, stay in Los Angeles.

The Doctor is in this country for a brief stay as a lecturer for the Rockefeller Foundation. This afternoon he will speak at the Ebell Club; this evening he will address the Alliance Francais, speaking at the last, in French. Tomorrow evening he will be the guest of honor at a banquet to be given by the Pathological and Clinical Society of Los Angeles. His subject will be "The Modern Treatment for Compound Fractures." Dr. Dehelly spent many months as the head of a Base Hospital in France.

MISCELLANEOUS.

Pasadena Plans Maternity Hospital.

The city of Pasadena is going to assist the stork by establishing a municipal maternity hospital in the less wel-to-do section of the city, it was announced by Dr. J. Severy Hibben, City Health Officer.

For Tuberculous Sufferers.

Kings and Tulare counties will soon dedicate the joint tuberculous sanatorium, recently completed at Springville, a mountain town in Tulare county. The new structure will cost, including the site, about $50,000. It will be paid for on the basis of 26% for Kings and 74% for Tulare. The main infirmary is 1005 feet long and faces Camp Wishon near by. A fine spring near the hospital will furnish abundant pure water. The hospital was inspired by Mrs. E. L. M. Tate-Thompson of the State Board of Health. The original plan was to have a tricounty hospital but Kern County withdrew from the arrangement and built its own hospital. Kings and Tulare went ahead with the joint plan. The hospital will accept pay patients on the basis of their ability to pay. It is planned to dedicate the hospital on April 1.

Surgeons Meet Here.

Better health through better hospitals was the object of a hospital conference of the American College of Surgeons held at Hotel Alexandria, Los Angeles, during the afternoon and evening of April 2.

Afternoon Session.

"The Occasion for the Conference.....
.....Dr. Henry H. Sherk
Chairman State Committee on Standards, Pasadena.
"What is Hospital Standardization?" (Clinical Laboratories, Case Records, Staff Organization).....Dr. John G. Bowman
Director of the College, Chicago.
Discussion:
(a) "Case Records"..Dr. Granville MacGowan
(b) "Staff Organization."..Dr. F. C. E. Mattison,
Chief of Staff, Los Angeles County Hospital.

For More Nurses.

At the request of the Health Department, the City Council has instructed the City Attorney to prepare an ordinance providing for five additional nurses in the Health Department. It is proposed to utilize these nurses especially in giving instructions to mothers in the foreign colonies of the city as to proper methods for the care of their babies, as a means toward cutting down infant mortality.

(c) Labratories, Their Equipment and Management.....Dr. Stanley P. Black
"Inescapable Duties".....
.....Charles B. Moulinier, S. J.
President Catholic Hospital Association, Milwaukee.

Evening Session.—8 o'clock.

Hospital Progress:
(a) "The Hospital's Part".....
.....Rt. Rev. Joseph H. Johnson
(b) "The Doctor's Part".....
.....Dr. Andrew Stewart Lobingier
(c) "The Citizen's Part".....
.....Dr. John Willis Baer
"What the Medical Profession Wants in Hospitals".....Dr. John Bowman
"Team Work for Success".Chas B. Moulinier, S. J.

Dr. Ruth Allen Newland, 90 years old, one of the most remarkable women in the history of Cal-

ifornia, died at the home of her friend, Mrs. N. B. Wright.

"Fit to Win."

The United States Public Health Service presented March 13 at the Majestic Theatre, Los Angeles, a remarkable motion picture drama entitled, "Fit to Win," illustrating in a telling manner, the terrible evils of venereal diseases. Professional men, ministers, and business men were invited. Those who missed seeing it should not fail to go, in case another chance be given to redeem their loss.

ORANGE COUNTY.

The April meeting of the Orange County Medical Society was held in Santa Ana at James' Cafe. There was a large attendance present and the chief business of the evening was the election of officers for the ensuing year.

The following officers were elected:

President, Dr. G. M. Tralle, Santa Ana;
Vice-President, Dr. J. H. Lang, Fullerton;
Secretary, Dr. W. C. DuBois, Santa Ana;
Treasurer, Dr. C. C. Violet, Garden Grove;
Librarian, Dr. C. D. Ball, Santa Ana.
Delegates to the State Society—Dr. H. M. Robertson, Santa Ana, and Dr. H. A. Johnston, Anaheim; Dr. J. L. Dryer, Santa Ana, and Dr. R. A. Cushman, Santa Ana, as alternates.

After the election of officers the members partook of a delicious luncheon with Dr. H. A. Zaiser of Orange as toastmaster. The responses to the toasts consisted of case histories, which were very interesting and beneficial. After spending a pleasant half hour in the relating of amusing incidents and experiences the enjoyable evening came to a close.

SACRAMENTO COUNTY.

March 11, 1919.

A special meeting of the Society was held on the evening of this date at the Hotel Sacramento. Members of the County Hospital staff for the second quarter were elected. Chiefs of the staff for the second quarter are as follows:

Surgery ..... Dr. T. J. Cox
Medicine .....Dr. G. P. Dillon
Gynecology ..... Dr. Jones
Obstetrics ..... Dr. Pitts
Genitory Urinary Diseases.....Dr. Nathan Hale
Pediatrics ..... Dr. S. J. Wells

Lectures for the subjects required in the nurses' curriculum were also appointed for the lectures at the County Hospital for the coming year.

2nd Meeting, March 17th.

On this date, the fifty-first annual banquet of the Society was held at the Hotel Sacramento, at 6:30 p. m.

The toastmaster of the evening was Dr. E. M. Wilder, who called the meeting to order. Dr. Howard Morrow of San Francisco delivered an interesting and instructive paper on the use of radium in the treatment of skin diseases, after which the members and visitors sat down to a sumptuous banquet.

Personals.

Dr. S. E. Simmons, who a few months ago returned from Camp Lewis, is convalescing in a San Francisco hospital, following a cholycystectomy.

Dr. E. S. Loizeaux, recently returned from Army service in France, has been appointed Superintendent of the Sacramento County Hospital.

Dr. James H. Parkinson, the first doctor to enroll in the Army service upon the declaration of war by the United States, has returned to practice, after being stationed first in San Francisco, and later at Camp Fremont, from where he was sent to Newport News, Va.

Dr. Howard Cameron, who also entered the Service early in 1917, has returned from Vancouver, where he had been doing special work in eye, ear, nose and throat.

Dr. H. J. Davis has recently returned from Ft. Riley, and has resumed his practice.

Dr. Nathan Hale, first stationed at Camp Lewis, then sent to France, where he saw service in the Argonne Forest offensive, has recently returned and resumed practice, specializing in genitory-urinary diseases.

Bureau of Medicine and Surgery.

At a recent meeting of the Chamber of Commerce of the City of Sacramento, a committee consisting of Dr. Hanna, Dr. James, and Dr. Cox was appointed to establish a Bureau of Medicine and Surgery, this being one of the numerous bureaus of the Chamber of Commerce activities.

By the organization of this bureau, the Chamber of Commerce feels that questions pertaining to public welfare and health can be more intelligently considered.

SAN DIEGO COUNTY.

San Diego County has marshaled a strong delegation to visit the State Meeting at Santa Barbara. Good roads, good weather, good company and good entertainment are assured, as well as an unusually strong scientific program.

The new wing recently added to St. Joseph's Hospital contains operating rooms sufficiently numerous, sufficiently roomy and well lighted to bring joy to the heart of the surgeon. The x-ray equipment is in keeping with the high standard of service demanded of San Diego hospitals.

The Hospital Standardization movement was given a local stimulus at a recent meeting in the Medical Library, addressed by Father Moulinier, president of the Catholic Hospital Association, and Dr. John G. Bowman, director of the American College of Surgeons. It is to be regretted that these gentlemen can make but "one night stands."

During the past month Dr. Boris Sidis of Boston, physician, psychologist and author, who is spending the winter in San Diego, addressed two large and interested audiences, the first under the auspices of the Medical Library, which was made up largely of the educators and advanced thinkers of the community, listened to an advanced plan for the Reconstruction of Education. The second audience consisting largely of the medical profession was treated to an interesting discourse on Psychopathology and Psychotherapy, embodying much of Dr. Sidis' original work.

The Doctor amazes his hearers with the breadth of grasp of his mentality.

On March 11th the County Society was entertained by the staff of the Rockwell Field Post Hospital with demonstrations of the work of their research laboratory in determining the flexibility of the nervous and circulatory systems of those training for sky pilots.

During February the Society enjoyed two excellent programs; one at a dinner meeting in the Maryland Hotel consisting of an address by Col. Frederic A. Besley, consulting surgeon Second Corps A. E. F. The other, held in the auditorium of St. Joseph's Hospital, consisted of a liberal discussion following an excellent paper by Dr. Lyell C. Kinney of the local Society on the use of X-ray and radium in gynecologic practice.

On the evening of Tuesday, April 8th Drs. Little, Churchill and Thompson of the local Society gave a symposium of the symptomatology, pathology and vagaries of the epidemic encephalitis now arousing so much interest in the medical world. This symposium aroused much interest in the liberal attendance present.

Major M. C. Harding, of Base Hospital, Camp Lewis, has been spending a few days on furlough among his old friends in San Diego. The Major certainly looks every inch a soldier.

Lieut. Col. Robert Smart has been detached from his unit and has been appointed instructor in medicine in one of the overseas schools in France.

The many friends of Dr. J. Perry Lewis are rejoiced to see the Doctor actively in practice again after his long illness.

Major A. E. Banks has recently returned to his home in San Diego after splendid service overseas, and is reopening his office in the Timken Building.

SAN FRANCISCO COUNTY.

Society Meetings.

Proceedings of the San Francisco County Medical Society.

During the month of February, 1919, the following meetings were held:

Tuesday, February 4th—Section on Medicine.

1. Hyoscyamus as a diagnostic agent. R. E. Bering.
2. Post-influenzal lung complications. C. W. Lippman.

Tuesday, February 11th—General Meeting

University of California Clinical Evening.

1. Report of surgical cases. E. I. Bartlett
2. Case of tetanus, illustrating modern methods of treatment. M. S. Woolf.
3. Some cases of influenza with complications. Hans Lisser.

Tuesday, February 18th—Section on Surgery.

1. Graphic presentation of finger deformities. A. Gottlieb
2. Post-operative treatment of laparotomies. J. H. Barbat.
3. Remarks on surgery of the war. Alanson Weeks.

Tuesday, February 25th—Section on Eye, Ear, Nose and Throat.

1. Orbital abscess from ethmoid sinus. Kaspar Pischel.
2. Letter from Capt. N. P. Wood, Base Hospital No. 30 in France, describing eye symptoms from mustard gas poisoning.
3. Medical care of aviator. F. R. Lewitt.
4. Routine lavage of lachrymal sac in chronic conjunctivitis. W. S. Franklin.
5. Exhibition of trifocal lenses. M. W. Fredrick.

Proceedings of the San Francisco County Medical Society.

During the month of March, 1919, the following meetings were held:

Tuesday, March 4th—Section on Medicine.

Demonstration of medical cases.

1. Familial hemolytic jaundice with splenomegaly.
2. Primary carcinoma of the colon with metastases to the liver. S. H. Hurwitz.

Tuesday, March 11th—General Meeting.

Irritable heart. A. W. Hewlett.

Tuesday, March 18th—Section on Surgery.

Personal experience at the front. Bruce Ffoulkes.

Tuesday, March 25th—Section on Eye, Ear, Nose and Throat.

1. Atresia ducti lachrymalis congenita. C. S. G. Nagel.
2. Results in a series of cataract operations. Roderic O'Connor.
3. Discussion of 2 cases of tubercular meningitis of otitis origin. H. B. Graham.
4. Abstracts from circular letter from W. H. Kellogg, State Board of Health, concerning lethargic encephalitis.

SAN JOAQUIN COUNTY.

The regular monthly meeting of the San Joaquin County Medical Society was held at the City Clinic Friday evening, March 28th. Those present were: Drs. E. A. Arthur, B. J. Powell, C. R. Harry, Minerva Goodman, J. D. Dameron, C. D. Holliger, W. F. Priestly, Margaret Smyth, Mary Taylor, C. F. English, F. P. Clark, N. E. Williamson, F. J. Conzelman, J. P. Martin, J. M. Carr, F. S. Marnell and R. T. McGurk with Dr. Lewis Michelson of San Francisco as guest.

The admission committee reported favorably upon the applications of Dr. Louis Haight and Dr. H. Q. Willis and they were declared members of the Society. It was moved and seconded that the secretary send a telegram to Assemblyman Miller requesting him to use his influence in defeating Assembly Bill No. 196.

Dr. Michelson addressed the members on health matters in general laying particular stress upon the necessity for restriction of the continued spread of veneral diseases. He stated that it was not particularly from the want of laws that the public was suffering but for the proper enforcement of these laws. The doctor asked the society to co-operate with the State Board of Health in getting physicians generally to report venereal diseases and thereby do their part in assisting the board in handling an admittedly difficult task. The benefits of enlightenment on the subject of venereal diseases were very advantageously shown by Dr. Michelson by means of moving pictures, schematic maps and charts provided by the Board of Health. The basis for Dr. Michelson's statistics was secured from the medical department of the United States Army and municipalities that have undertaken modern methods for handling the vice question. The question was brought up by Dr. Arthur as to just what local organization was best equipped for the purpose of taking up the matter of the suppression of venereal diseases in this community. Dr. Michelson proposed the Rotary Club as an organization which might be interested in handling public questions of this kind, and it was suggested that the president of this society interview the mayor and other persons who would be interested in the matter and make a report at the next meeting of the society.

TULARE COUNTY.

At the regular meeting of the Tulare County Medical Society, held April 2, 1919, the following officers were elected:

President, Dr. W. W. Tourtillott, Lindsay;
Vice-President, Dr. J. C. Paine, Exeter;
Sec.-Treasurer, Dr. A W Preston, Visalia
Member of Board of Censors, Dr. P. R. Walters, Dinuba.
Delegate, Dr. J. C. Paine, Exeter;
Alternate, Dr. C. M. White, Visalia.

Notice

Wanted—By the Journal Office: Six copies of California State Journal of Medicine for June, 1918.

THE WILLOWS SANITARIUM.

The value of a hospital to a community is in direct ratio to the enlightenment of its inhabitants. Modern ideas of health elicit the absolute desirability of the establishment of hospitals. The subsequent patronage depends largely upon when, and to what extent the public considers specialized care necessary during any infirmity.

As a rule the people in a small community resemble a large family. They are sociologists on a small scale. By the unwritten law of the pioneers, co-operation seems to be the established code amongst the country folk. Their neighbor's affairs become their affairs, especially during illness or trouble.

In every community there are always some who have a particular aptitude in caring for the sick. One of these adepts will perhaps through force of circumstances take a patient into the home and, giving satisfactory care, create a demand for further service entirely out of proportion to accommodations. This situation often germinates the idea of the future hospital.

Education of a higher degree among the masses marks the present-day trend of life, and when such knowledge is accentuated, the needs of the individual become more easily recognized.

Every progressive community takes a pride in the establishment of its various institutions.

Willows, the county seat of Glenn county, is no exception to this rule. Situated in an agricultural district, with a population of over 2500, a splendid high school reflects the spirit of progress —likewise the Chamber of Commerce, Monday Afternoon Club (a women's civic club), Glenn County Library, Agricultural Department, University of California (represented by the farm advisor and his staff), branch headquarters of National Forest Reserve, Free Employment Agency, town band, churches representing seven different denominations and their allied societies. All these strike a responsive chord in the interests of the community.

Recently the establishment of a small hospital called the Willows Sanitarium was added to the community. It has apparently filled a long-felt want. When it was proposed several months ago, the doctors, merchants and other business people announced their hearty endorsement of such a venture. They said that they felt it to be a necessity as well as an asset to the community.

Up to the time of the sanitarium's birth, sick folks were of necessity cared for in hotels, lodging houses or wherever it was not convenient. Those in more fortunate circumstances could go to the large city hospital.

The local doctors, business men and the Glenn County Savings Bank showed their faith in the venture by extending and pledging business and monetary courtesies of a very generous nature. This spirit of co-operation helped to give the instigator of the sanitarium fresh courage and created a new inspiration for genuine success in the art of humanitarian service.

The Willows Sanitarium is a building of one story on the bungalow type. It stands on a lot 100 by 150 feet. The building itself is 110 feet long and 32 feet wide with front and back porch screened in. A corridor five feet wide runs straight through and separates the rooms on either side. An old fashioned garden and a dozen almond trees for shade ornament the south side of the building. Here convalescents may enjoy a comfortable change amid such peaceful surroundings. Just across the way is a well kept tennis court owned by the West Side Canal Company. Acacia trees adorn the front of the sanitarium grounds and help to shade the porch whenever the warm noon-day sun casts forth his high lights.

A twelve-bed capacity divided into cheerful, well ventilated private and semi-private rooms marks the accommodation facilities of the sanitarium. The rooms are furnished with Simmons' standard hospital beds. Specially made top mattresses insure the patients' comfort. Maple and white furniture such as dressers, chairs and bedside tables complete the rooms. Electric lighted and heated. Call bell annunciator system connecting all rooms. Local and long distance telephone connections can be furnised in four of the rooms.

A commodious sitting and waiting room adorned with pretty plants makes a pleasing impression upon entering the building. The doctor's office to the left is fitted to receive patients who desire admittance.

Comfortable quarters for the hospital staff are provided in the rear of the building. A commodious back porch forms an outdoor living room for them in the summer time. The hospital staff consists of doctor, head nurse, junior nurse, and housekeeper. Whenever the services of a special nurse are required ample provision is made for her accommodation.

The kitchen and pantry are equipped with large gas range, sink, scouring tray, Hoosier cabinet, refrigerator, tray racks and shelves and ample storage room for food supplies. The instantaneous hot water system is a convenience and facilitates the work in the institution.

The patients have a separate bathroom and lavatory, also a rack room for special utensils, furnished with hopper trays for scouring same. Additional equipment for giving shower brush bath, needle bath and electric blanket bath. Portable X-Ray outfit, blood-pressure apparatus and microscope. Clinical laboratory methods are employed for ordinary examinations of urine, blood or sputum.

Then come the modern surgery and sterilization rooms. The sterlizing room, all white with magnesite flooring, is equipped with a Bramhall Deane sterilizer, separate utensils and instrument sterilizers, two nickle tanks of generous capacity for hot and cold sterile water. Foot pedal tap connected with hot and cold water facilitates the surgeon's scrubbing up. Ample closet room for supplies, clinical charts, instruments and acessories.

The surgery or operating room, all white, magnesite flooring with center drain, has a generous north lighting received from five windows. Also a center electric cluster of 400 candlepower sheds a splendid light for any emergency or night operations. Equipment consists of an adjustable steel operating table, Mayo stand, three-bowl stand and irrigator, one additional instrument and dressings table and the anesthetic cart, thermocautery outfit and extension "field light."

The indoor ambulance of substantial build and the wheel chair are ever ready to assist the patient.

The meetings of the Glenn County Medical Society are held in this hospital.

All the representative physicians and surgeons in the county have welcomed this project and shown their appreciaton by bringing their patients to the sanitarium.

Country doctors were formerly thought to be provincial in their line of work. If some of their work could be seen when the proper place and accessories are provided for them, prejudiced minds would be convinced beyond a doubt.

This shows the importance of the hospital in the small community. It benefits the patients at home by furnishing the best facilities for their care, and at the same time stimulates the country doctor to exercise his dexterity to greater advantage. It often proves his latent skill when he knows he can get the proper setting for the furtherance of his work and can subsequently rely upon capable help to insure his success.

Department of Pharmacy and Chemistry

Edited by FELIX LENGFELD, Ph. D.

Help the propaganda for reform by prescribing official preparations. The committees of the U. S. P. and N. F. are chosen from the very best therapeutists, pharmacologists, pharmacognosists and pharmacists. The formulae are carefully worked out and the products tested in scientifically equipped laboratories under the very best conditions. Is it not plausible to assume that these preparations are, at least, as good as those evolved with far inferior facilities by the mercenary nostrum maker who claims all the law will allow?

Malt soups and malt extracts have been recommended to keep up the calcium balance in the body and the beneficial effect attributed to maltose or to the potassium carbonate added, or to both. Recent experiments seem to indicate that the beneficial effects of the malt soups are not due to maltose or alkaline carbonate.

There is a law preventing the use of saccharine in food stuffs under any condition, although it may be used in medicine. This law was originally modeled after the German law which was adopted by the German Government, not because saccharine was found injurious, but because it interfered with the use of sugar and the German Government wanted to protect the sugar manufacturers. During the war saccharine was very largely used in Germany and also in this country, the law not being very rigidly enforced. However, now that sugar is again available, the law is again to be enforced. Of course saccharine is not a substitute for sugar as a food and it is a fraud to sell it for this purpose, but it seems this law should be changed to some extent.

Biological reactive proteins for the detection of food idiosyncracies are now on the market and can be readily obtained.

Among the preparations submitted to the Council of Pharmacy & Chemistry of the A. M. A. for inclusion in the N. N. F. was "Haven's Wonderful Discovery" for the cure of Influenza, etc. The directions on this were to take a hot foot bath three succeeding nights, adding three tablespoonfuls of baking soda and applying remedy to the affected parts. The discovery was found to consist of oil of wintergreen, oil of sassafras, oil of black pepper, spirits of camphor, spirits of turpentine, spirits of chloroform and alcohol. It seems unbelievable that anyone should submit such a mixture to the Council and expect their endorsement so as to present this preparation to physicians as ethical. It looks like a joke but it is not improbable that the manufacturer really thinks he has something wonderful and will complain that he is the object of official persecution. It is possible, too, that he thinks his preparation quite as wonderful as some of the mixtures of animal extracts and digestive ferments presented to the medical profession for its approval.

The amended law has made one step in the right direction. The Harrison Act seemed to consider remedies containing less than 2 grains opium to the ounce as harmless and they could be sold without any regulation whatsoever. This has now been changed, and a record must be kept of their sale. It is doubtful if anyone acquired the narcotic habit from the use of cough mixtures containing small quantities of heroin or codeine as the other ingredients were of such a nature as to make their indiscriminate use rather discouraging. However, there can be no doubt that at least one popular colic remedy is used very largely on account of the opium and alcohol it contains. A limit of 2 grains to the ounce was originally fixed so that paregoric could be freely sold and extensively used as a household remedy. It was difficult to get opium and the sale of alcohol was being made more and more difficult and yet it was very easy to get a mixture of these which is probably more dangerous than either one by itself. The paregoric habit has been growing materially in the last few years. There has been some attempt at legislation, as for instance a municipal ordinance prohibiting the sale of more than one ounce of paregoric at a time, but this simply meant that the fiend must go to a number of stores in order to get a sufficient quantity to satisfy his appetite.

Many people have not known that paregoric was dangerous or habit forming. This is shown by the fact that the sale of paregoric has been cut down to 50 per cent. in one drug store that has discarded the old label and adopted a new label indicating the danger of its use. It is to be hoped that a bill now before the State Legislature prohibiting the sale of paregoric excepting on a physician's prescription, will pass and be rigidly enforced.

The Federal Anti-Narcotic Act has been extensively amended in connection with the new War Revenue Act. The physician is now required to pay a license fee of $3 a year instead of $1 as heretofore. This increase went into effect January 1st, 1919, so that every physician is required to register and to pay $1 for the term from January 1st to June 30th, 1919. At the time of writing this, the forms for this tax have not been issued. It is understood that a form will be sent to each physician and that he can fill out this

form and then send a $1 money order without the necessity of appearing in person before a notary or deputy collector. In addition to this there is a stamp of 1 cent required on each ounce or fraction thereof in original package. Any package which does not contain this stamp may be confiscated. It is probable that a tube of hypodermic tablets will be considered an original package and that a stamp will be put over the cork in a rather unsanitary manner. In the meanwhile, every physician is expected to label all packages narcotics which he may have on hand as follows:

On hand Inventory February 25th, 1919—with the physician's initials. Failure to do this subjects the package to confiscation. A physician is also required to keep a record, for at least two years, of any narcotics which he may give to his patients except such as he may use on the patient himself. It is not specifically stated that the physician must label any narcotic he gives a patient with the patient's name, address, as well as the physician's name, address and registry number, but any narcotic found in the possession of an unlicensed person without this information may be confiscated.

State Board of Medical Examiners

REGULAR MEETING.

A regular meeting of the Board of Medical Examiners of the State of California was held at 1500 South Figueroa Street, Los Angeles, March 17-20th, inclusive, for the purpose of conducting the routine business, examinations, and other matters that properly might come before the Board.

Written examinations were conducted in the subjects prescribed by law for physicians and surgeons, drugless practitioners, chiropodists and midwives, and forty-eight applicants presented themselves for such examinations.

Reciprocity applications were considered by the Board as follows:

Physician's and Surgeon's certificate	117
"To practice Osteopathy"	4
Drugless Practitioner certificate	1
Total	122

Of the 117 reciprocity applicants for a physician's and surgeon's certificate, a considerable number were orally examined by the Board, as provided in Section 13.

The following citations were issued and hearings held under the provisions of Section 14:

Austin, Silas A.—Case dismissed.
Burnet, Jay Otis—Certificate revoked.
Calhoun, James V.—Continued to June meeting.
Davis, Magnet J., Case dismissed.
Haight, Frederick—Case dismissed.
Hickok, Galen—Continued to June meeting; new citation to be issued.
Holsman, Charles K.—Out of jurisdiction; new citation to be issued.
Jacobsen, Moses—Request for restoration of certificate revoked Feb., 1918, continued until June meeting.
Klecman, Geo. E.—Probation terminated; case dismissed.
Kroetz, Mary—Former order of revocation rescinded, based on action of Superior Court, City and County of San Francisco, on a writ of review.
Richardson, Geo. Henry—Certificate revoked.
Sander, Alfred T. A.—Certificate revoked.
Sieffert, John H.—Continued until June meeting; new citation to be issued.

The Board also held a hearing in the matter of the College of Osteopathic Physicians and Surgeons, of Los Angeles, following the court decision in Los Angeles as a result of the writ of review filed with the Board subsequent to the action of the February, 1918, meeting, striking the College of Osteopathic Physicians and Surgeons from the list of approved colleges of the State of California, effective June, 1918.

After presentation of the facts by Attorney Ward, representing the Board, and Attorney Robert B. Jennings and President Harry W. Forbes, both representing the College of Osteopathic Physicians and Surgeons, during which presentation the College filed with the Board a communication setting forth their points, it was determined that in conformance with the request of Attorney Jennings and President Forbes, acting for the College of Osteopathic Physicians and Surgeons, a continuance be granted until the June, 1919, meeting for final disposition.

The application of Dr. Calvin Case for restoration of his certificate, revoked at the January, 1917, meeting of the Board, was deferred for final action until the June, 1919, meeting.

The Board refused to re-consider its former action in denying the reciprocity application of George Michael Dunne, after callng Dr. Dunne before the Board for interrogation as to certain information now on file regarding his prior affiliations.

The various committees, Legal and Investigation Departments of the Board, filed reports as noted in the minutes of the Board.

The Secretary reported the following applications as filed since January 1, 1919:

Class A, 21; Class AB, 2; Class BB, 2; Class C, 117; Class CB, 4; Class CBB, 1; Class D, 5; Class F, 6.

The Secretary also reported the issuance of one physician's and surgeon's written, and seven physician's and surgeon's reciprocity certificates since the filing of the annual report—proper issuance having been withheld pending the filing of further data.

Duplicate certificates have been issued to Frederick K. Lord and Peter B. Wood.

The following changes of name, substantiated by proper affidavit, have been filed since January 1st:

New	Old
DeBlois, Myrtle	(Welcome)
Frei, Letha R.	(Tyler)
Kimball, Edna	(Field)
Ruth, Zoe M.	(Kindig)
Strickler, Florence E.	(Dunlop)
Van Soest, Ella	(Horstman)

Seven licentiates from California have received reciprocity endorsement to other States.

LICENSING EXAMINATION.

Los Angeles, California, March 18, 1919.

ANATOMY AND HISTOLOGY.
P. & S. Drugless.

ERNEST SISSON, D. O.

(Answer ten questions only.)

1. Give the histology of the blood.
2. Give the histology of the retina.
3. (a) Name the ligaments of the knee joint.
   (b) What tendons pass behind the internal malleolus?
4. What structures contact with the diaphragm's upper side? Lower side?
5. Name the muscles attached to the lines aspera.
6. Outline the boundaries of lungs in front and back.
7. Name the structures passing under the zygoma.
8. (a) Give the floor of Scarpas triangle from without inward.
   (b) Show how the external popliteal nerve gets to the front of the leg.
9. Give the nerve supply of the integument of the hand.

10. (a) Capillaries are not found in what structures?
    (b) Name some of the veins that do not have valves.
11. The radial pulse is felt between which two tendons,
12. What nerve supplies the anterior femoral region? Internal femoral region? Posterior femoral region?

Los Angeles, California, March 18, 1919.

ANATOMY AND HISTOLOGY.
Chiropodists.

ERNEST SISSON, D. O.

1. Describe the plantar fascia.
2. What nerve supplies the skin on the external border of the foot?
3. How many muscles does the internal plantar nerve supply?
4. Name the ligaments of the ankle.
5. What muscles form the tendo Achillis?
6. Name the bones on the foot.
7. The tendon of what long muscle passes directly across the sole of the foot?
8. The great sciatic divides into what nerves?
9. Give the branches of the posterior tibial artery.
10. Give the articulations of the oscalsis.
11. Give the histology of the blood.
12. Define anastomosis.
13. Give functions of periosteum.

Los Angeles, California, March 18, 1919.

ANATOMY AND PHYSIOLOGY.
Midwives.

ERNEST SISSON, D. O.

(Answer ten questions only.)

1. Describe the chambers of the heart.
2. Describe the lumbar nerve plexus.
3. Define anastomosis.
4. Trace the fetal circulation.
5. Describe the uterus anatomically.
6. How is the innominate bone formed? Give articulations.
7. What is the function of the ovaries.
8. Describe Cheyne-Stokes breathing.
9. Give the physiology of the uterus.
10. Describe the process of secretion of urine.
11. What is normal pulse rate in child one week old?
12. Describe respiration.

Los Angeles, California, March 18, 1919.

PHYSIOLOGY.
P. & S. Drugless.

ERNEST SISSON, D. O.

(Answer ten questions only.)

1. Describe the mechanism involved in regulating the body to heat and cold.
2. Describe the circulatory and nerve mechanisms. involved in ordinary effects of embarrassment and fear.
3. Describe the path of conduction of vision from the retina to seat of recognition.
4. Outline the physiological factors concerned in regulating the heart.
5. Enumerate the functions of the cranial nerves.
6. Discuss the functions of the papillae of the tongue.
7. Describe the course and function of the chordi tympani nerve.
8. What factors govern blood pressure in pulmonary circulation?
9. What is the physiological process of recovery from pneumo thorax?
10. Compare secretion with excretion of digestive enzymes.
11. Discuss the most important factors regulating defecation.
12. Discuss the function of the spleen.

Los Angeles, California, March 18, 1919.

PHYSIOLOGY, CHEMISTRY AND HYGIENE.
Chiropodists.

ERNEST SISSON, D. O.

(Answer ten questions only.)

1. Describe the role of insects in the propagation of disease.
2. What method of disposal of sewage would you choose for an inland town of ten thousand?
3. How may typhoid fever be transmitted? How may transmission be prevented?
4. What are the greatest waste products secreted by the urine?
5. Of what importance is specific gravity changes in urine?
6. Of what importance are the sediments found in urine?
7. Give test for bile pigment in urine.
8. Name in order the digestive juices that act upon food.
9. Describe Cheyne-Stokes breathing.
10. Describe the heart cycle.
11. Discuss the function of the skin.
12. Discuss the function of the liver.

Los Angeles, California, March 18, 1919.

BACTERIOLOGY AND PATHOLOGY.
P. & S.

WM. R. MOLONY, M. D.

(Answer ten questions only.)

1. Differentiate Aplastic and Destructive types of anaemia.
2. Discuss gross and microscopic findings in influenza pneumonia.
3. How would you proceed to identify the meningococcus carriers, if any, in a group of one hundred men?
4. Discuss the spinal fluid in meningitis.
5. What types of pneumococcus are there and in a general way what is the importance of each pathologically and epidemiologically?
6. What do you understand by blood types, how many are there and what is their importance in transfusion?
7. Give sites of greatest predilection for carcinoma in the female and in the male.
8. Give at least two conditions where you expect eosinophilin.
9. Give at least two conditions where you expect lymphocytosis.
10. What feature in a urinalysis would make you suspect acidosis?
11. How is Gram's stain performed? Name two Gram positive and two Gram negative organisms.
12. Name five pyogenic organisms.

Los Angeles, California, March 18, 1919.

PATHOLOGY AND BACTERIOLOGY.
Chiropodists.

WM. R. MOLONY, M. D.

(Answer ten questions only.)

1. What pyogenic organism is almost universally found as an inhabitant of the skin?
2. What intestinal organism is often found on the skin?
3. What is the pathology of lymphangitis?
4. Give four methods of sterilization.
5. Give appearances of any primary venereal infections you may find on hand or foot.
6. What is the organism of infectious blood poisoning?
7. What is the organism of each of the three venereal infections?
8. Name four commonly used culture media.
9. Discuss inflammation.
10. Name three malignant and two non-malignant tumors of feet.
11. What may cause gangrene of a toe?
12. Give pathology of tubercular ulcer of skin of foot.

Los Angeles, California, March 18, 1919.

PATHOLOGY AND EL. BACTERIOLOGY.

Drugless.

WM. R. MOLONY, M. D.

(Answer ten questions only.)

1. Define general pathology.
2. Give common names of the following:
   schizomycetes,
   blastomycetes,
   hyphomycetes.
3. Define anemia, hyperaemia, ischemia, hemorrhage, diapedesis.
4. Name four motile bacteria.
5. Name five pathogenic bacteria.
6. Define flagella, spores, toxins, enzymes.
7. Give steps in identifying an organism as the specific cause of a disease.
8. Give one method for staining the tubercle bacillus.
9. Give one method for staining the gonococcus.
10. What is the organism of green pus; of golden pus?
11. Name four diseases manifestly microbic diseases, the specific organisms of which have not yet been discovered.
12. What is supplied in the health office diphtheria package? Be specific regarding the media.

Los Angeles, California, March 19, 1919.

GENERAL MEDICINE.

P. & S.

HARRY V. BROWN, M. D.

(Answer ten questions only.)

1. How would you proceed in making a diagnosis in a case of suspected unilateral tuberculosis of the kidney? Give the treatment.
2. Describe and treat a typical attack of croupous pneumonia following influenza.
3. Give etiology, symptomatology and treatment of angina pectoris.
4. What are the complications to be feared in the third week of typhoid fever, and how would you guard against them?
5. Describe and treat an attack of psoriasis.
6. Give the causes with treatment of jaundice in the adult.
7. Differentiate tetanus from hydrophobia.
8. Give the physical signs of pleurisy with effusions.
9. Give the points upon which you would make a diagnosis of cancer of the stomach.
10. Describe anaemias.
11. Name five conditions in which there will be hemorrhage from the bowel and describe the character of hemorrhage in each.
12. Differentiate epileptic from uremic convulsions.

Los Angeles. California. March 19, 1919.

GENERAL DIAGNOSIS.

Drugless. 2,000 hours.

HARRY V. BROWN, M. D.

(Answer ten questions only.)

1. Differentiate tetanus from hydrophobia.
2. Describe an attack of acute pericarditis.
3. Describe an attack of acute appendicitis.
4. Describe a Colles fracture.
5. Differentiate rubeola from scarlet fever.
6. Give the physical signs of pleurisy with effusion.
7. Give the points upon which you would make a diagnosis of cancer of the stomach.
8. Describe the anaemias.
9. Describe acute poliomyelitis anterior.
10. Differentiate embolism and thrombosis.
11. Name five conditions in which there will be hemorrhage from the bowel and describe the character of hemorrhage in each.
12. Differentiate epileptic from uremic convulsions.

Los Angeles. California. March 19. 1919.

DERMATOLOGY AND SYPHILIS.

Chiropodists.

HARRY V. BROWN, M. D.

(Answer ten questions only.)

1. Give treatment of onychia.
2. What is a feruncle and how treated?
3. What is a carbuncle and how treated?
4. Describe the manifestations of hereditary syphilis as seen on the foot.
5. Describe the initial lesion of syphilis.
6. Describe the secondary lesions of syphilis.
7. Describe ring worm.
8. Give causes and treatment of urticaria.
9. Give treatment of Herpes Zoster.
10. Give treatment of Dermatitis Venenati.
11. What are chilblains?
12. Describe and treat an ulcer of the foot.

Los Angeles, California, March 19, 1919.

CHEMISTRY AND TOXICOLOGY.

Physicians and Surgeons.

HARRY V. BROWN, M. D.

(Answer ten questions only.)

1. (a) Enumerate four chemical reagents essential to a complete urinalysis.
   (b) Give properties of each.
2. Discuss sugars from chemical standpoint.
3. Discuss chemistry of: Butter; Milk; Oleomargarine.
4. What is cream of tartar; Blue vitrol; copperas; nitre?
5. From what is citric acid derived? From what is oxalic acid derived?
6. Give formula and common name of substance from which the Paraffin series is derived.
7. Give formula for ethyl hydroxide, fully describe, and give common name.
8. Name seven important salts derived from alkaloids and give source of alkaloid.
9. Give chemical antidote for poisoning by phenol, sulphuric acid, morphine, cocaine, gelsemium, hydrocyanic acid.
10. Give treatment for poisoning by three chemicals frequently taken with suicidal intent.
11. A urine contains pus and gives an albuminous reaction. How can you determine whether the albumin is due to pus alone or to nephritis as well?
12. What is the chemical treatment of alimentary corrosion caused by mineral acids?

Los Angeles, California, March 19, 1919.

TOXICOLOGY AND EL. CHEMISTRY.

2,000 hour Drugless.

HARRY V. BROWN, M. D.

(Answer ten questions only.)

1. Define inorganic chemistry.
2. Define organic chemistry.
3. Discuss acids, bases and salts.
4. Name four chemical reagents essential to a complete urinalysis. Give properties of each.
5. What does illuminating gas contain generally, and why is it toxic?
6. Name the compounds of silver which are insoluble in water.
7. Name some of the uses and give three combinations of $H_2S.O.$
8. To what chemical group does iodine belong? Give properties.
9. What is the chemical treatment of alimentary corrosion caused by mineral acids?
10. Why should the stomach pump be used carefully, if at all, in such cases?
11. Mention one chemical antidote for each of the following:
    (a) Arsenious oxide,
    (b) Mercuric Chloride,
    (c) Oxalic acid.
12. How would you treat iodine poisoning?

Los Angeles, California, March 19, 1919.

OBSTETRICS AND GYNECOLOGY.

Physicians and Surgeons. Drugless.

R. A. CAMPBELL, M. D.

(Answer ten questions only.)

1. Discuss glycosuria in pregnancy.
2. Discuss phlegmasia alba dolens
   (a) During gestation;
   (b) Following delivery.
3. Give treatment of threatened eclampsia. Give

treatment after onset of eclampsia.
4. In breech presentation give methods of delivering the aftercoming head.
5. Define coccycodynia. Give etiology and treatment.
6. Give etiology and treatment of inversion of the uterus.
7. Differentiate vaginitis and vaginismus, and give treatment of each.
8. Outline general scheme of treatment of persistent and pernicious vomiting of pregnancy.
9. Describe operation for complete laceration of the perineum of one year or more duration.
10. Define—1. Hyperglycemia; 2. Agalactia; 3. Gingivitis; 4. Teratoma; 5. Symphyseotomy.
11. Discuss placenta previa.
12. Discuss and give mechanism of labor in R. O. position.

Los Angeles, California, March 19, 1919.

OBSTETRICS.

Midwives.

R. A. CAMPBELL, M. D.

(Answer ten questions only.)

1. Name the presentations in which you would consider that the woman could not deliver herself, and in which a physician should be called.
2. Discuss albuminuria of pregnancy.
3. In breech presentation, describe delivery of after-coming head.
4. Name three antiseptics useful in obstetric practice, and tell how and when you would use them.
5. Diagnose placenta previa.
6. Give causes and symptoms of milk leg.
7. When called to an obstetrical case, tell how you would prepare the patient and the bed for delivery.
8. Outline the care of the woman during the first week following delivery.
9. Discuss the artificial feeding of the baby during the first month.
10. Upon what would you base a diagnosis of dead foetus?
11. What symptoms and conditions may be caused by subinvolution of the uterus?
12. Name five conditions in which you would call a physician.

Los Angeles, California, March 20, 1919.

SURGERY.

Physicians and Surgeons.

P. T. PHILLIPS, M. D.

(Answer ten questions only.)

1. Discuss briefly traumatic fever.
2. Give etiology, symptomatology, and diagnosis, of lateral sinus thrombosis.
3. Give the clinical signs and symptoms, with treatment, of acute synovitis of the knee.
4. Discuss briefly, dislocations of the proximal end of the radius along. Give methods of reduction.
5. Describe the symptoms and signs of paralysis of the musculospiral (radialis) nerve. Of what surgical conditions may it be a complication?
6. Give diagnosis, and surgical treatment in detail, of acute empyema following influenza.
7. Name the types of goitre in which surgical treatment is indicated, and when.
8. Discuss briefly the surgical treatment of hepatic abscess.
9. Describe Ludwig's Angina, causes and treatment, possible complications and their treatment.
10. Describe and give the treatment of a supracondyloid fracture of the femur.
11. Name the clinical varieties of iritis.
12. Outline treatment of chronic gonorrheal posterior urethritis.

Los Angeles, California, March 20, 1919.

ORTHOPEDICS AND SURGERY.

Chiropodists.

P. T. PHILLIPS, M. D.

(Answer ten questions only.)

1. How would you clease a wound of the foot from accident, before dressing it? Describe the dressing.
2. What is the etiology and pathology of club nails?
3. Give the causes and treatment of exuberant granulations.
4. In what condition of the feet would you have the urine examined?
5. Describe nerve-vascular growths, their causes and treatment.
6. Discuss briefly, the treatment of senile gangrene of the feet.
7. Describe congenital talipes equinovarus. When should treatment be begun?
8. Describe rupture of the plantaris muscle, give causes and treatment.
9. What are the special objects in the treatment of sprains, and how are they best effected?
10. Describe chronic bursitis, and its treatment.
11. Describe briefly the bandage of the foot covering the heel.
12. Discuss briefly the care of your instruments.

Los Angeles, Calif., March 20, 1919.

MATERIA MEDICA.

Phsyicians and Surgeons.

DAIN L. TASKER, D. O.

(Answer ten questions only.)

1. What is the foundation for the rational use of drugs in the treatment of disease?
2. Discuss physiological rest as a therapeutic procedure. Give two examples.
3. Describe four different modes of administering drugs for therapeutic purposes.
4. Discuss oleum ricini, giving its therapeutic action and indications.
5. What is adrenalin? Give its uses and indicate how it should be used.
6. Discuss the indications and contra-indications for the uses of glandulae thyroideae sicca.
7. Discuss the administration of digestants, hydrochloric acid, pepsin and pancreatin with respect to securing their efficient co-operation with the normal physiological action of the digestive system.
8. Discuss the value of digitalis preparations in the treatment of cardiac decompensation.
9. Discuss the use of opium and its derivatives as analgesics.
10. Discuss the use of normal salt solution intravenously as a diuretic.
11. Discuss the conditions modifying the effects of drugs on the human system.
12. Write a prescription, without abbreviations, for the non-productive cough in the early stage of acute bronchitis.

Los Angeles, Calif., March 20, 1919.

CHIROPODY AND THERAPEUTICS.

Chiropodists.

DAIN L. TASKER, D. O.

(Answer ten questions only.)

1. What is the action of salcylic acid locally applied to callosities?
2. What is onychia? How should it be treated?
3. What antiseptics are used in skin infections on the feet?
4. Discuss the treatment of weakened transverse arch of the foot.
5. What causes infections around the nails?
6. Discuss the treatment of soft corns.
7. What measures are useful in the treatment of excessive sweating of the feet?
8. What is the significance of edema of the feet?
9. Outline the treatment of ingrowing toe-nails?
10. What causes metatarsalgia? How may it be relieved?

11. Describe how the pressure on a bunion may be relieved.
12. What drugs do you consider essential in the practice of chiropody? Give your reasons.

HYGIENE AND SANITATION.
Physicians and Surgeons
Drugless.
H. E. ALDERSON, M. D.
Answer ten questions only.

1. Discuss the prophylaxis of lues.
2. Discuss the prevention of uncinariasis infection.
3. Discuss fully the contagiousness of leprosy.
4. Discuss the effects on the milk and on the consumer of Pasteurizing milk.
5. Discuss the preparation and examination of stools for the amoeba dysenterica.
6. Is ice an infection carrier? Discuss fully.
7. Discuss the quarantine of influenza, scarlet fever and of typhoid.
8. Discuss six factors tending to cause occupational diseases.
9. What is "sewer gas"? Is it a menace to public health? Discuss fully.
10. Discuss the effects of living in higher altitudes.
11. Discuss the effects of cold dry weather on the individual.
12. Discuss the main factors influencing the number of bacteria in the air.

Los Angeles, Calif., March 20, 1919.

HYGIENE AND SANITATION
Midwives.
H. E. ALLISON, M. D.
(Answer ten questions only.)

1. Give a simple method of ventilating sick room without exposing patient to draughts.
2. What diseases may be spread by the house fly?
3. Discuss the most effective means of preventing the increase of flies.
4. What is certified milk?
5. Is ice an infection carrier? Discuss fully.
6. How may bed clothing be disinfected?
7. Name and describe three diseases characterized by a rash.
8. Discuss the prevention of the transmission of syphilis.
9. Discuss the artificial feeding of an infant two weeks old.
10. Discuss the prevention of eye infections in new-born infants.
11. What does the Health Department require in the case of suspected Diphtheria?
12. What hygienic measures should be used in a case of "itch."

New Members

Hollis, John C., Pleasanton.
Folsom, John E., Oakland.
Auslan, Harry, Antioch.
Drake, J. C., Kerman.
Hollingsworth, M. W., Westwood.
Boller, Stanley, Los Angeles.
Rinehart, Henry D., Pasadena.
Johnson, P. V. K., Los Angeles.
MacBean, Anna, Los Angeles.
Bassett, F. W., Los Angeles.
Magan, Lillian E., Los Angeles.
Hubbard, Clinton, Huntington Park.
Barnes, Samuel D., Los Angeles.
Haskell, P. F., Long Beach.
Judge, W. D., Los Angeles.
Murray, U. B., Los Angeles.
Guidinger, W. E., San Pedro.
O'Brien, H. Jefferson, Los Angeles.
Riggs, L. D., Los Angeles.
Daughters, Heaton G., Los Angeles.
Murphy, Frank W., Los Angeles.
Murphy, Wm. R., Los Angeles.
Purcell, Francis J., Los Angeles.
Hamilton, J. R., Los Angeles.
Mattison, C. W., Los Angeles.
Barbanell, R. R., Los Angeles.
Ryan, Clark D., Los Angeles.
Stewart, Charles W., Los Angeles.
Wall, A. S., Los Angeles.
Russell, R. G., Los Angeles.
Ferguson, C. J., Los Angeles.
Anderson, C. Edward, Los Angeles.
Taylor, F. Howard, Los Angeles.
Mosher, Frank O., Los Angeles.
Schwartz, Joseph L., Los Angeles.
Smith, Robert L. I., Pasadena.
Andrews, Nina W., Los Angeles.
Tillman, F. J., Fresno.
Cavanagh, S. P., Point Reyes.
Cowles, D. C., Fullerton.
Brasted, J. P., Anaheim.
Coleman, Earl H., Hobert Mills.
Crandall, Alice H., San Diego.
Berges, E. R., San Francisco.
Glaeser, W. E., San Francisco.
Woolf, M. S., San Francisco.
Barry, Ernest, San Francisco.
Emge, L. A., San Francisco.
Shea, T. T., San Francisco.
Fisher, J. M., Gilroy,
Gattuccio, Batholomew, San Jose.
Holbrook, E. F., San Jose.
MacFarlane, A. H., Mountain View.
Moore, Leroy S., San Jose.
Shattinger, Charles, Los Altos.
Tyler, W. R., Exeter.
Smither, John A., Jamestown.
Clark, B. F., Woodland.
Christal, C. H., Woodland.
Channell, W. L., Oakland.
McCullough, J., San Leandro.
Hibbs, David, Oakland.
Bulfitt, Frederick, Loma Linda.
Green, J. S., Oakland.
Prather, D. J., Fresno.
Thoren, Mildred E., Eldridge.
Ehrenclou, A. H., Mare Island.
Callison, F. W., San Francisco.
Rethwilm, L. A., San Francisco.
Waste, John M., San Francisco.

Transferred

Rothganger, Geo., San Francisco County to Alameda County.
Bush, H. Chesley, Placer County to Alameda County.
Legge, Robert T., Shasta County to Alameda County.
Mugler, F. R., Alameda County to San Francisco County.
Greenwood, Edna, Santa Clara County to San Francisco County.
Piper, H. E., Santa Cruz County to San Francisco County.
Schaupp, Karl, Santa Clara County to San Francisco County.
Edwards, S. R., San Joaquin County to San Francisco County.

Resigned

Dr. J. H. Pond, Alameda County.

Deaths

Cole, J. A. A graduate of the Medical College of the Pacific, 1878. Licensed in California, 1893. Died in Oakland, Cal., April 22, 1919.

Dowdle, Edw. E. A graduate of the Hahnemann Medical College, Philadelphia, 1912. Licensed in California, 1914. Died in New Mexico, April 11, 1919.

Nelson, T. J. A graduate of Cooper Medical College, California, 1902. Licensed here 1903. Died in Los Angeles, April 18, 1919.